



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-277
Employees' Manual, Title 8
Medicaid Appendix

October 26, 2007

SCREENING CENTER MANUAL TRANSMITTAL NO. 07-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: **SCREENING CENTER MANUAL**, Title Page, revised; Chapter III, *Provider-Specific Policies*, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 62, new; and the following forms:

RC-0080	<i>Screening Components by Age</i> , new
CMS-1500	<i>Health Insurance Claim Form</i> , revised
470-3969	<i>Claim Attachment Control</i> , revised
	<i>Remittance Advice</i> , unchanged

Summary

Chapters on coverage and limitations and on billing and payment for screening center services are combined and revised to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters.

Within the manual, the form samples have been removed from the numbered pages and connected to the on-line manual through hypertext links. This will make the chapters quicker to load on line and easier to read and update.

This release:

- ◆ Adds a section on care coordination and clarifies that care coordination cannot be billed for case activity that is integral to or an extension of a direct Medicaid service.
- ◆ Removes form 470-3165, *Child Mental Health Screen*. A variety of screening tools can be used in primary care settings to discover indications of mental health problems.
- ◆ Reflects additions in codes.
- ◆ Updates the claim form and the claim attachment form.

Date Effective

June 1, 2007

Material Superseded

Remove the entire Chapter E and Chapter F from the **SCREENING CENTER MANUAL** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (Pages 4 and 5)	July 1, 2003
Chapter E	
1	March 1, 2002
2	August 1, 1995
3	January 1, 1997
4	March 1, 1999
5-7	July 1, 2003
8-11	August 1, 1995
12-14 (470-3165)	8/95
15-17	January 1, 1997
18-20	August 1, 1995
21, 22	July 1, 2003
23	September 1, 2004
24-29	July 1, 2003
31	January 1, 1997
32	May 1, 2001
33	July 1, 2003
34-42	September 1, 2004
43-57	July 1, 2003
58	September 1, 2004
59	July 1, 2003
60, 61	September 1, 2004
Chapter F	
1-3	March 1, 1998
4	July 1, 2003
5-7	March 1, 1998
8	July 1, 2003
9, 10 (HCFA-1500)	12/90
10a (470-3969)	7/03
11, 12	March 1, 1998
13, 14	Undated
15, 16	March 1, 1998
17	February 1, 1999
18	July 1, 2003
19 (470-3744)	10/02
20	Undated
21 (470-0040)	10/02

Additional Information

The updated provider manual containing the revised pages can be found at:

www.ime.state.ia.us/providers

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise Provider Services Unit.



Medicaid Enterprise

Iowa Department of Human Services

Screening Center Provider Manual



Medicaid Enterprise
Iowa Department of Human Services

III. Provider-Specific Policies



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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. ELIGIBILITY OF SCREENING CENTERS

Agencies wishing to participate as health screening centers in the Medicaid program should direct their request for vendor number to the Iowa Medicaid Enterprise (IME) Provider Services Unit. In order to be accepted for participation, each screening center must meet quality standards and continuity of care consistent with guidelines established by the Iowa Department of Public Health.

B. COVERAGE OF SERVICES

1. Screening Examinations

Screening centers will be paid for health screening examinations for Medicaid members who are under 21 years of age.

The recommended schedule for health, vision, and hearing screening is as follows:

<u>Child's Age</u>	<u>Number of Screenings Recommended</u>	<u>Recommended Ages for Screening</u>
0 to 12 months	7	2-3 days,* 1, 2, 4, 6, 9, and 12 months
13 to 24 months	3	15, 18, and 24 months
3 to 6 years	4	3, 4, 5, and 6 years
7 to 20 years	7	8, 10, 12, 14, 16, 18, and 20 years

* For newborns discharged in 24 hours or less after delivery.

The periodicity schedule provides a minimum basis for follow-up examinations at critical points in a child's life. Families who accept screening will receive a notice that screening is due 60 days before the recommended ages for screening. New eligibles will receive a notice that screening is due immediately and then notified according to the recommended ages.

Interperiodic screening, diagnosis, and treatment allow the flexibility necessary to strengthen the preventative nature of the program. Interperiodic screens may be obtained as required by foster care, educational standards, or when requested for a child.



These recommendations for preventive health care of children and youth represent a guide for the care of well children who receive competent parenting, who have not manifested any important health problems, and who are growing and developing satisfactorily. Other circumstances may indicate the need for additional visits or procedures.

If children or youth come under care for the first time at any point on the schedule, or if any of the items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest time.

To view RC-0080, *Screening Components by Age*, on line, click [here](#).

2. Nutritional Counseling

Screening centers are eligible for reimbursement of nutritional counseling (medical nutritional therapy) services provided by licensed dietitians who are employed by or have contracts with the screening center when a nutritional problem or a condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.

Medical conditions that can be referred to a licensed dietitian include the following:

- ◆ **Inadequate or excessive growth.** Examples include failure to thrive, undesired weight loss, underweight, excessive increase in weight relative to linear growth, and major changes in weight-to-height percentile or BMI for the child's age.
- ◆ **Inadequate dietary intake.** Examples include formula intolerance, food allergy, limited variety of foods, limited food resources, and poor appetite.
- ◆ **Infant feeding problems.** Examples include poor suck or swallow, breastfeeding difficulties, lack of developmental feeding progress, inappropriate kinds or amounts of feeding offered, and limited information or skills of caregiver.
- ◆ **Chronic disease requiring nutritional intervention.** Examples include congenital heart disease, pulmonary disease, renal disease, cystic fibrosis, metabolic disorder, diabetes, and gastrointestinal disease.
- ◆ **Medical conditions requiring nutritional intervention.** Examples include iron deficiency anemia, high serum lead level, familial hyperlipidemia, hyperlipidemia, and pregnancy.

Iowa Department of Human Services

Screening Components by Age

Age	Infancy							Early Childhood					Late Childhood					Adolescence			
	2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr
HISTORY Initial/Internal	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAM	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
MEASUREMENTS Height/Weight Head Circumference Blood Pressure	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
NUTRITION ASSESS/EDUCATION	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH ² Oral Health Assessment Dental Referral	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
SENSORY SCREENING Vision Hearing	S O	S S	S S	S S	S S	S S	S S	S S	S S	S S	O O	O O	O O	O S	O S	O S	O O	O S	S S	O O	O S
DEVELOPMENTAL AND BEHAVIORAL ASSESSMENT ³	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
IMMUNIZATION ⁴	★		★	★	★			★	★			★	★	★	★	★	★	★	★	★	★
PROCEDURES Hgb/Hct Urinalysis Metabolic screening ⁵	★	★																	★		

KEY: ★ To be performed
S Subjective, by history

★ Perform test once during indicated time period
O Objective, by a standard testing method

Continued on next page.

HEMOGLOBINOPATHY	Only once (newborn screen) and offered to adolescents at risk.
TUBERCULIN TEST	For high-risk groups, annual testing is recommended. These are household members of persons with tuberculosis or others at risk for close contact with the disease: recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific islands); migrant workers; residents of correctional institutions or homeless shelters; or persons with certain underlying medical disorders.
LEAD	Starting at 12 months, assess risk for high dose exposure.
GYNECOLOGIC TESTING	Pap smear for females who are sexually active or (if the sexual history is thought to be unreliable) age 18 or older. Pregnancy testing should be done when indicated by the history.
STD	When appropriate. (People with a history and risk factors for sexually transmitted diseases should be tested for chlamydia and gonorrhea.)
ANTICIPATORY GUIDANCE	Performed every visit.

¹ For newborns discharged in 24 hours or less after delivery.

² The oral health assessment should include dental history, recent problems, pain, or injury and visual inspection of the oral cavity. Referral to a dentist should be at 12 months, 24 months, and then every 6 months, unless more frequent dental visits are recommended.

³ By history and appropriate physical examination, if suspicious, by specific objective developmental testing.

⁴ An immunization review should be performed at each screening, with immunizations being administered at appropriate ages, or as needed.

⁵ The Iowa Newborn Screening program tests every baby born in Iowa for the following disorders: hypothyroidism, galactosemia, phenylketonuria, hemoglobinopathies, and congenital adrenal hyperplasia.



- ◆ **Developmental disability.** Examples include increased risk of altered energy and nutrient needs, oral-motor or behavioral feeding difficulties, medication-nutrient interaction, and tube feedings.
- ◆ **Psychosocial factors.** Examples include behaviors suggesting an eating disorder. Children with an eating disorder should also be referred to community resources and to their primary care provider for evaluation and treatment.

This is not an all-inclusive list. Other diagnoses may be appropriate and warrant referral to a licensed dietitian.

Families that are eligible for nutritional counseling through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) must provide a statement that the need for nutritional counseling exceeds the services available through WIC. Maintain a copy of the statement in the child's record.

3. Care Coordination

The components of care coordination are:

- ◆ **Informing of benefits**

All Medicaid members under the age of 21 are required to be informed about the benefits of the Medicaid program in an effective and timely manner. A combination of face-to-face, oral, and written activity is considered most effective.

Use methods of communication that are clearly and easily understood to assure that families have the information they need to utilize the medical services to which they are entitled. Families that go on and off rolls do not have to be informed more than once in a 12-month period.

- ◆ **Coordinating care**

Some families will need assistance to obtain Medicaid services. Care coordination can link the family to the health care system. All Medicaid members aged 20 and under are eligible for care coordination services. Children who are enrolled in a Medicaid HMO receive care coordination services through the HMO.



Care coordination is the process of linking Medicaid members to the health care system. It is an activity that locates, coordinates, and monitors necessary and appropriate services. It centers on the process of collecting information on the health needs of the child, making referral as needed, and assisting families in activating the examination, diagnosis, treatment loop.

Activities commonly understood as allowable care coordination activities include assisting members in gaining access to services and monitoring to assure that needed services are received. It does not include payment of these services.

NOTE: CMS policy states, "payments for allowable Medicaid case management services must not duplicate payments that have been, or should have been, included as part of a **direct** medical service.... Activities that are considered integral to, or an extension of, the specified covered service are included in the rate set for the direct service, therefore they should not be claimed as case management. For example, when an agency provides a medical service, the practitioner should not bill separately for the cost of a referral as a case management service. These activities are properly paid for as part of the medical service."

If the family needs a service that is not covered by Medicaid, make a good-faith effort to locate providers who will furnish those services.

4. Transportation

To help ensure that members have access to medical care, the Department provides reimbursement for transportation to necessary medical care, dental care, and mental health care.

- ◆ **Local transportation:** Under the EPSDT "Care for Kids" program, local (in town) transportation is available for screening, diagnosis, and treatment. The transportation service is covered through agencies designated by the Department of Public Health. Screening centers are responsible for linking families with local transportation resources.
- ◆ **Out-of-town transportation:** Families seeking medical care for their children outside their own community should contact the local Department of Human Services caseworker to arrange out-of-town transportation.

Payment is limited to situations when it is necessary for the member to travel outside the community to receive needed medical care, or when the member lives in a rural area, to travel to the nearest community to receive care.



Payment for out of town transportation is limited to the nearest source of adequate and appropriate care. The member is reimbursed only for the distance to the nearest doctor, dentist, or other provider who can provide the necessary service.

In the event that specialty care is needed, the member will be reimbursed by the Department only for the distance to the nearest available specialist or hospital, unless the attending physician indicates that, in view of the diagnosis and condition of the member, a more distant specialist or hospital is the only appropriate source of care.

When there is a nearer specialist of the same type or a nearer hospital, the local office may contact the referring provider to verify the necessity of referral to the more distant physician or hospital in order to document the necessity of reimbursing the member for the greater distance.

This policy is not intended to limit the free choice the member has concerning the practitioner from whom the member wishes to receive service. However, because of limited funds in the Medicaid program, a payment can be made for transportation only the nearest source of necessary care.

C. CONTENT OF SCREENING EXAMINATION

A screening examination must include at least the following:

- ◆ Comprehensive health and developmental history, including an assessment of both physical and mental health development. This includes:
 - A developmental assessment.
 - An assessment of nutritional status.
- ◆ A comprehensive unclothed physical examination. This includes:
 - Physical growth.
 - A physical inspection, including ear, nose, mouth, throat, teeth, and all organ systems, such as pulmonary, cardiac, and gastrointestinal.
- ◆ Appropriate immunizations according to age and health history as recommended by the Iowa Department of Public Health.
- ◆ Health education, including anticipatory guidance.
- ◆ Hearing and vision screening.



- ◆ Appropriate laboratory tests. These shall include:
 - Hematocrit or hemoglobin.
 - Rapid urine screening.
 - Lead toxicity screening for all children ages 12 to 72 months.
 - Tuberculin test, when appropriate.
 - Hemoglobinopathy, when appropriate.
 - Serology, when appropriate.
- ◆ Oral health assessment with direct dental referral for children over age 12 months.

1. History and Guidance

a. Comprehensive Health and Developmental History

A comprehensive health and developmental history is a profile of the patient's medical history. It includes an assessment of both physical and mental health development. Take the patient's medical history from the patient, if age-appropriate, or from a parent, guardian, or responsible adult who is familiar with the patient's history.

Take or update a comprehensive health and developmental history at every initial or periodic EPSDT screening visit. Include the following:

- ◆ Identification of specific concerns.
- ◆ Family history of illnesses.
- ◆ The client's history of illnesses, diseases, allergies, and accidents.
- ◆ Information about the client's social or physical environment that may affect the client's overall health.
- ◆ Information on current medications or adverse reaction/responses due to medications.
- ◆ Immunization history.
- ◆ Developmental history to determine whether development falls within a normal range of achievement according to age group and cultural background.
- ◆ Identification of health resources currently used.



b. Developmental Screening

Screening is a “brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment.” The primary purpose of **developmental screening** is to identify children who may need more comprehensive evaluation.

The use of validated screening tools improves detection of problems at the earliest possible age. Each developmental screening instrument is accompanied by an interpretation and report (e.g., a score or designation as normal or abnormal). Any interventions or referrals based on abnormal findings should be documented as well.

Developmental screening for young children should include the following four areas:

- ◆ Speech and language,
- ◆ Fine and gross motor skills,
- ◆ Cognitive skills, and
- ◆ Social and emotional behavior.

In screening children from birth to six years of age, it is recommended that you select recognized instruments. The best instruments have good psychometric properties, including adequate sensitivity, specificity, validity, and reliability, and have been standardized on diverse populations.

Parents report instruments such as the *Parents’ Evaluation of Developmental Status* (PEDS), *Ages and Stages Questionnaires*, and the *Child Development Review* have excellent psychometric properties and require a minimum of time.

No list of specific instruments is required for identifying developmental problems of older children and adolescents. However, the following principles should be considered in developmental screening:

- ◆ Collect information on the child’s or adolescent’s usual functioning, as reported by the child, parents, teacher, health professional, or other familiar person.
- ◆ Incorporate and review this information in conjunction with other information gathered during the physical examination.



- ◆ Make an objective professional judgment as to whether the child is within the expected ranges. Review the developmental progress of the child as a component of overall health and well-being, given the child's age and culture.
- ◆ Screening should be culturally sensitive and valid. Do not dismiss or excuse potential problems improperly based on culturally appropriate behavior. Do not initiate referrals improperly for factors associated with cultural heritage.
- ◆ Screening should not result in a label or premature diagnosis being assigned to a child. Report only that a condition was referred or that diagnostic treatment services are needed. Results of initial screening should not be accepted as conclusions and do not represent diagnosis.

When you or the parent has concerns or questions regarding the functioning of the child in relation to expected ranges of activities after screening, make referral for developmental assessment by professionals trained in the use of more elaborate instruments and structured tests.

Developmental surveillance is different than developmental testing. Developmental surveillance is a flexible, continuous process in which knowledgeable professionals perform skilled observations of children during the provision of health care.

Developmental surveillance is an important technique, which includes questions about the development as a part of the general developmental survey or history. It is not a "test" as such, and is not billable as a developmental screen.

Health care providers often use age-appropriate developmental checklists to record milestones during preventative care visits as part of developmental surveillance. A surveillance tool for children from birth through age five, the *Iowa Child Health and Developmental Record* (CHDR), is available at <http://www.iowaepsdt.org/>.

The adolescent population presents a different developmental challenge. Many of the more readily apparent developmental problems should have been identified and be under treatment. Focus screening on such areas of special concern as potential presence of learning disabilities, peer relations, psychological or psychiatric problems, and vocational skills.




For further information on developmental screening, see:

- ◆ The Care for Kids Provider web site at: <http://www.iowaepsdt.org/>;
- ◆ The Developmental Behavioural Online site of the American Academy of Pediatrics at: <http://www.dbpeds.org/>;
- ◆ The Assuring Better Child Development and Health (ABCD) Electronic Resource Center of the National Academy for State Health Policy at: www.abcdresources.org;
- ◆ The Commonwealth Fund's Child Development and Preventive Care web site at: http://www.commonwealthfund.org/programs/programs_list.htm?attrib_id=9134; or
- ◆ The National Center of Home Initiatives for Children with Special Needs web site of the American Academy of Pediatrics at: <http://www.medicalhomeinfo.org/screening/index.html>

c. **Mental Health Assessment**

Mental health assessment should capture important and relevant information about the child as a person. It may include a psychosocial history such as:

- ◆ The child's **life-style**, home situation, and "significant others."
- ◆ A **typical day**: how the child spends the time from getting up to going to bed.
- ◆ **Religious and health beliefs** of the family relevant to perceptions of wellness, illness, and treatment, and the child's outlook on the future.
- ◆ **Sleep**: amount and patterns during day and at night; bedtime routines; type and location of bed; and nightmare, terrors, and somnambulating.
- ◆ **Toileting**: methods of training used, when bladder and bowel control attained, occurrence of accidents or of enuresis or encopresis, and parental attitudes.
- ◆ **Speech**: hesitation, stuttering, baby talk, lisping, and estimate of number of words in vocabulary.
- ◆ **Habits**: bed-rocking, head-banging, tics, thumb-sucking, pica, ritualistic behavior, and use of tobacco, alcohol, or drugs.

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- ♦ **Discipline:** parental assessment of child's temperament and response to discipline, methods used and their success or failure, negativism, temper tantrums, withdraw, and aggressive behavior.
- ♦ **Schooling** experience with day care, nursery school, and kindergarten; age and adjustment on entry; current parental and child satisfaction; academic achievement; and school's concerns.
- ♦ **Sexuality:** relations with members of opposite sex; inquisitiveness regarding conception, pregnancy, and girl-boy differences; parental responses to child's questions and the sex education parents have offered regarding masturbation, menstruation, nocturnal emissions, development of secondary sexual characteristics, and sexual urges; and dating patterns.
- ♦ **Personality:** degree of independence; relationship with parents, siblings, and peers; group and independent activities and interests, congeniality; special friends (real or imaginary); major assets and skills; and self image.


Source: Boyle Jr., W.E. and Hoekelman, R.A. The Pediatric History, In Hoekelman, R.A. ed. Primary Pediatric Care, Second Edition, 1992.

Clinical screening tools can increase the identification of psychosocial problems and mental disorders in primary care settings. Moreover, such tools can provide an important framework for discussing psychosocial issues with families. These screening tools can be grouped into three general categories:

- ♦ Broad psychosocial tools that assess overall functioning, family history, and environmental factors; deal with a wide range of psychosocial problems; and identify various issues for discussion with the child or adolescent and family.

An example of this type of tool is the *Pediatric Intake Form*, which can be used to assess such issues as parental depression and substance use, gun availability, and domestic violence (Kemper and Kelleher, 1996a, 1996b).

- ♦ Tools that provide a general screen for psychosocial problems or risk in children and adolescents, such as the *Pediatric Symptom Checklist* (Jellinek et al., 1988, 1999).
- ♦ Tools that screen for specific problems, symptoms, and disorders, such as the *Conners' Rating Scales for ADHD* (Conners, 1997) and the *Children's Depression Inventory* (Kovacs, 1992).

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Often a broader measure such as the *Pediatric Symptom Checklist* is used first, followed by a more specific tool focused on the predominant symptoms for those that screen positive on the broader measure.

Some of the more specific tools may not be readily available to primary care health professionals or may require specialized training.

Source: Jellinek M, Patel BP, Froehle MC, eds. 2002. Bright Futures in Practice: Mental Health – Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health.

To view the *Pediatric Symptom Checklist*, see http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symp_tom_chklst.pdf

d. Health Education/Anticipatory Guidance

Health education that includes anticipatory guidance is an essential component of screening services. Provide it to parents and youth (if age-appropriate) at each screening visit. Design it to:

- ◆ Assist the parents and youth in understanding what to expect in terms of the child's development.
- ◆ Provide information about the benefits of healthy lifestyles and practices as well as injury and disease prevention.

Health education must be age-appropriate, culturally competent, and geared to the particular child's medical, developmental, dental and social circumstances. Four lists of age-related topics recommended for discussion at screenings are included below.

Anticipatory guidance and health education recommended topics are included in the *2000 Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Second Edition, Arlington, VA. This publication is available from the National Center for Education in Maternal and Child Health (703) 356-1964, (888) 434-4MCH, or <http://www.ncemch.org/>.

View this list as a guideline only. It does not require the inclusion of topics that are inappropriate for the child or limit topics that are appropriate for the child.



Suggested Health Education Topics: Birth - 18 Months

Oral Health

Appropriate use of bottle and breast feeding	Non-nutritive sucking (thumb, finger, and pacifier)
Fluoride exposure: toothpaste, water, topical fluoride and supplements	Teething and tooth eruption
Infant oral care: cleaning teeth and gums	First dental visit by age one
Early childhood caries	Feeding and snacking habits: exposure to carbohydrates and sugars
Transmission of oral bacteria	Use of cup and sippy cup

Injury Prevention

Infant/child CPR	Exposure to sun and heat
Child care options	Safety locks
Child safety seat restraint	Lock up chemicals
Child safety seats	Restricted play areas on the farm
Importance of protective helmets	Smoke detectors
Electric outlets	Stairway gates, walkers, cribs
Animals/pets	Syrup of ipecac, poison control
Hot water heater temperature	Emergency telephone numbers
Ingestants, pieces of toys, popcorn, peanuts, hot dogs, powder, plastic bags	Water precautions: buckets, tubs, small pools

Mental Health

Adjustment to new baby	Sibling rivalry
Balancing home, work, and school	Support from spouse and friends
Caretakers' expectations of infant development	Recognizing unique temperament
Responding to infant distress	Creating stimulating learning environments
Baby self regulation	Fostering baby caregiver attachment
Child care	

Nutrition

Bottle propping	Managing meal time behavior
Breast or formula feeding to 1 year	Self feeding
Burping	Snacks
Fluid needs	Weaning
Introduction of solid foods at 4-6 months	

Other Preventive Measures

Back sleeping	Effects of passive smoking
Bowel patterns	Fever
Care of respiratory infections	Hiccoughs
Crying or colic	Importance of well-child visits



Suggested Health Education Topics: 2 - 5 Years

Oral Health

Appropriate use of bottle and breast feeding	Teething and tooth eruption
Fluoride exposure: toothpaste, water, topical fluoride and supplements	Regular dental visits
Oral care: parental tooth brushing and flossing when the teeth touch	Feeding and snacking habits: exposure to carbohydrates and sugars
Gingivitis and tooth decay	Use of sippy cup
Non-nutritive sucking (thumb, finger and pacifier)	Dental injury prevention
	Sealants on six-year molars

Injury Prevention

CPR training	Purchase of bicycles
Booster car seat	Put up warning signs
Burns and fire	Restricted play areas
Farm hazards: manure pits, livestock, corn cribs, grain auger, and grain bins	Street danger
Dangers of accessible chemicals	Teach child how to get help
Importance of protective helmets	Toys
Machinery safety	Tricycles
No extra riders on tractor	Walking to school
Play equipment	Water safety
	Gun storage

Mental Health

Adjustment to increasing activity of child	Child care
Balancing home, work, and school	Sibling rivalry
Helping children feel competent	Managing emotions

Nutrition

Appropriate growth pattern	Managing meal-time behavior
Appropriate intake for age	Physical activity
Control issues over food	Snacks

Other Preventive Measures

Adequate sleep	TV watching
Care of illness	Age-appropriate sexuality education
Clothing	School readiness
Common habits	Toilet training
Importance of preventative health visits	Smoke-free environments
Safety rules regarding strangers	
Social skills	



Suggested Health Education Topics: 6 - 12 Years

Oral Health

Fluoride exposure: toothpaste, water, topical fluoride and supplements	Regular dental visits
Oral care: supervised tooth brushing and flossing	Dental referral: orthodontist
Gingivitis and tooth decay	Diet and snacking habits: exposure to carbohydrates, sugars, and pop
Non-nutritive sucking (thumb, finger and pacifier)	Dental injury prevention
Permanent tooth eruption	Sealants on 6- and 12-year molars
	Mouth guards for sports
	Smoking and smokeless tobacco

Injury Prevention

Bicycle (helmet) safety	Emergency telephone numbers
Car safety	Machinery safety
CPR training	Mowing safety
Dangers of ponds and creeks	Self-protection tips
Electric fences	Sports safety
Farm hazards: corn cribs, grain auger, gravity flow wagon, livestock	Street safety
Fire safety	Tractor safety training
Gun and hunter safety	Water safety
	High noise levels

Mental Health

Discipline	Developing self esteem
Emotional, physical, and sexual development	Nurturing friendships
Handling conflict	Peer pressure and adjustment
Positive family problem solving	School-related concerns
	Sibling rivalry

Nutrition

Appropriate intake for age	Inappropriate dietary behavior
Breakfast	Managing meal time behavior
Child involvement with food decisions	Peer influence
Food groups	Physical activity
	Snacks

Other Preventive Measures

Adequate sleep	Safety regarding strangers
Clothing	Age-appropriate sexuality education
Exercise	Social skills
Hygiene	Preparation of girls for menarche
Importance of preventative health visits	Sports
Smoke-free environments	Stress
	TV viewing



Suggested Health Education Topics: Adolescent (13 - 21 Years)

Oral Health

Fluoride exposure: toothpaste, water and topical fluoride
Oral care: tooth brushing and flossing
Gingivitis, periodontal disease and tooth decay
Permanent tooth eruption
Regular dental visits
Dental referral: orthodontist and oral surgeon for third molars

Diet and snacking habits: exposure to carbohydrates, sugars and pop
Dental injury prevention
Sealants on 6- and 12-year molars
Mouth guards for sports
Smoking and smokeless tobacco
Drug use (methamphetamines)
Oral piercing

Development

Normal biopsychosocial changes of adolescence

Gender Specific Health

Abstinence education
Contraception, condom use
HIV counseling or referral
Self breast exam
Self testicular exam
Sexual abuse, date rape

Gender-specific sexual development
Sexual orientation
Sexual responsibility, decision making
Sexually transmitted diseases
Unintended pregnancy

Health Consumer Issues

Selection and purchase of health devices or items

Selection and use of health services

Injury Prevention

ATV safety
CPR and first aid training
Dangers of farm ponds and creeks
Falls
Firearm safety, hunting practices
Gun and hunter safety
Handling agricultural chemicals
Hearing conservation
Machinery safety
Motorized vehicle safety (ATV, moped, motorcycle, car, and trucks)

Overexposure to sun
ROPS (roll over protective structure)
Seat belt usage
Helmet usage
Smoke detector
Sports recreation, workshop laboratory, job, or home injury prevention
Tanning practices
Violent behavior
Water safety
High noise levels



Nutrition

Body image, weight issues	Food fads, snacks, fast foods
Caloric requirements by age and gender	Selection of fitness program by need, age, and gender
Balanced diet to meet needs of growth	Special diets
Exercise, sports, and fitness	

Personal Behavior and Relationships

Communication skills	Community involvement
Dating relationships	Relationships with adults and peers
Decision making	Self esteem building
Seeking help if feeling angry, depressed, hopeless	Stress management and reduction
	Personal responsibility

Substance Use

Alcohol and drug cessation	Riding with intoxicated driver
Counseling or referral for chemical abuse	Sharing of drug paraphernalia
Driving under the influence	Steroid or steroid-like use
HIV counseling and referral	Tobacco cessation

Other Preventive Measures

Adequate sleep	Safety regarding strangers
Clothing	Age-appropriate sexuality education
Exercise	Social skills
Hygiene	Preparation of girls for menarche
Importance of preventative health visits	Sports
Smoke-free environments	Stress
	TV viewing

2. Physical Examination

Perform a comprehensive unclothed physical examination at each screening visit. It should include, but is not limited to, the following:

- ◆ General appearance.
- ◆ Assessment of all body systems.
- ◆ Height and weight.
- ◆ Head circumference through 2 years of age.



- ◆ Blood pressure starting at 3 years of age.
- ◆ Palpation of femoral and brachial (or radial) pulses.
- ◆ Breast inspection and palpation for age-appropriate females, including breast self-examination instructions and health education.
- ◆ Pelvic examination, recommended for women 18 years old and older, if sexually active or having significant menstrual problems.
- ◆ Testicular examination, include age-appropriate self-examination instructions and health education.

a. Growth Measurements

- ◆ **Recumbent Length:** Measure the length of infants and children up to two years of age on a horizontal length board with a fixed headboard and sliding footboard securely attached at right angles to the measuring surface. Read and record the measurement to the nearest 1/8th inch.

- ◆ **Height:** Measure children over 2 years of age using a standing height board or stadiometer. Read and record the measurement to the nearest 1/8th inch.

If the child is two years old or older and less than 31 1/2 inches tall, the height measurement does not fit on the 2 - 20 year old chart. Therefore, you must measure the child's recumbent length and plot the length on the Birth - 36 month growth chart.

Never use measuring rods attached to scales, because the surface on which the child stands is not stable, and the measuring rod's hinge tends to become loose, causing inaccurate readings.

- ◆ **Weight:** Use a balance beam scale with non-detachable weights. Calibrate the scale once a year. Infants can be measured on either a specially designed infant scale or in a cradle on the adult scale.

Weigh infants and children with a minimal amount of clothing. Read and record to the nearest ounce for infants and quarter of a pound for children and youth.

- ◆ **Body Mass Index:** Body Mass Index (BMI) is the recommended parameter for monitoring the growth of children 24 months and older. BMI can be determined using a handheld calculator. The steps for calculating BMI using pounds and inches are listed below.



1. Convert any fractions to decimals.

Examples: 37 pounds 4 ounces = 37.25 pounds

41 ½ inches = 41.5 inches

2. Insert the values into the formula:

[weight (lb) / height (in) / height (in)] X 703 = BMI

Example: (37.25 lb / 41.5 in / 41.5 in) X 703 = 15.2

A reference table can also be used to calculate BMI. This table can be downloaded from the Centers for Disease Control and Prevention web site at www.cdc.gov/growthcharts.

For children, BMI values are plotted against age. If the BMI for age is less than or equal to the 5th percentile, the child is considered underweight.

If the BMI for age is between the 85th and 94th percentiles, the child is considered to be at risk for overweight. Children with a BMI equal to or greater than the 95th percentile are considered overweight.

- ◆ **Plotting Measurements:** Record measurements as soon as they are taken to reduce errors.

Plot weight and height against age and weight against height on the Center for Disease Control and Prevention (CDC) growth chart for the children under 2 years of age. For children 2 - 20 years, plot weight and height against age and BMI against age on the appropriate growth chart.

Example of calculating child's age:

	Year		Month		Day		
Date of visit	93	92	7	6	18	15	45 July 15, 1993
Birth date	-91		-10			-28	October 28, 1991
Age	1		8			17	= 20 months, 17 days or 21 months

Borrow 30 days for the 7 in the month column to make the day column 45 and the month column 6.

Borrow 12 months for 93 in the year column so that the top number in the month column is now 18.



Calculate the age to the nearest month. (Round to the next month if over 15 days.) Subtract the birth date from the clinic visit date. You may borrow 30 days from the month column or 12 months from the year column when subtracting.

Common errors result from unbalanced scales, failure to remove shoes and heavy clothing, use of an inappropriate chart for recording the results, and uncooperative children.

◆ **Referral and Follow-up of Growth in Infants and Children:**

- Nutrition. See criteria in [Nutritional Status](#).
- Medical. Most children follow the usual patterns of growth, but a small but significant number of children have growth patterns that cross percentile lines in infancy, familial short stature, constitutional growth delay, and familial tall stature.

Some warning signs of growth abnormalities are as follows:


- Growth of less than 2 inches/year for ages 3 to 10 years.
- A change in weight/height percentile rank of 25 or more.
- Sudden weight gain or loss.
- More than two standard deviations below or above the mean for the child's height.

b. Head Circumference

Measure the head circumference at each visit until the child is two years old. Measure with a nonstretchable tape measure firmly placed from the maximal occipital prominence around to the area just above the eyebrow. Plot the results on the Center for Disease and Prevention (CDC) growth chart.

Further evaluation is needed if the CDC growth grid reveals a measurement:

- ◆ Above the 95th percentile.
- ◆ Below 5th percentile.
- ◆ Reflecting a major change in percentile levels from one measurement to the next or over time.

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c. **Blood Pressure**

Blood pressure measurement is a routine part of the physical examination at three years of age and older. During infancy, do a blood pressure only if other physical findings suggest it may be needed.

Recently the National Health, Lung and Blood Institute published new blood pressure standards for children and adolescents. The new standards are based on height as well as age and gender for children and adolescents from one through 17 years old.

This is a change from the past when height and weight were both thought to be correlates of blood pressure. Height was determined by the investigators to be a better correlate for children and teenagers because of the prevalence of obesity in young people in this country. The standards appear in Tables 1 and 2.

To use these tables, you need to measure each child and plot the height on a standard growth chart. Measure the child's systolic and diastolic blood pressure and compare them to the numbers provided in the tables for blood pressure for height, age, and sex.

The National Heart, Lung and Blood Institute recommends using the disappearance of Korotkoff's (K5) to determine diastolic blood pressure in children and adolescents.

The interpretation of children and adolescents blood pressure measurements for height, age, and gender are as follows:

- ◆ Readings below the 90th percentile are considered normotensive.
- ◆ Reading between the 90th and 95th percentile are high normal and warrant further observation and identification of risk factors.
- ◆ Readings of either systolic or diastolic at or above the 95th percentiles indicate the child may be hypertensive. Repeated measurements are indicated.



Table 1. Blood Pressure Levels for Boys Aged 1 to 17 Years by Percentile of Height

Boys		Systolic BP (mm Hg) by percentile of height*							Diastolic BP (mm Hg) by percentile of height*						
Age	Percentile	5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1 yr	90th	94	95	97	98	100	102	102	50	51	52	53	54	54	55
	95th	98	99	101	102	104	106	106	55	55	56	57	58	59	59
2 yr	90th	98	99	100	102	104	105	106	55	55	56	57	58	59	59
	95th	101	102	104	106	108	109	110	59	59	60	61	62	63	63
3 yr	90th	100	101	103	105	107	108	109	59	59	60	61	62	63	63
	95th	104	105	107	109	111	112	113	63	63	64	65	66	67	67
4 yr	90th	102	103	105	107	109	110	111	62	62	63	64	65	66	66
	95th	106	107	109	111	113	114	115	66	67	67	68	69	70	71
5 yr	90th	104	105	106	108	110	112	112	65	65	66	67	68	69	69
	95th	108	109	110	112	114	115	116	69	70	70	71	72	73	74
6 yr	90th	105	106	108	110	111	113	114	67	68	69	70	70	71	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
7 yr	90th	106	107	109	111	113	114	115	69	70	71	72	72	73	74
	95th	110	111	113	115	116	118	119	74	74	75	76	77	78	78
8 yr	90th	107	108	110	112	114	115	116	71	71	72	73	74	75	75
	95th	111	112	114	116	118	119	120	75	76	76	77	78	79	80
9 yr	90th	109	110	112	113	115	117	117	72	73	73	74	75	76	77
	95th	113	114	116	117	119	121	121	76	77	78	79	80	80	81
10 yr	90th	110	112	113	115	117	118	119	73	74	74	75	76	77	78
	95th	114	115	117	119	121	122	123	77	78	79	80	80	81	82
11 yr	90th	112	113	115	117	119	120	121	74	74	75	76	77	78	78
	95th	116	117	119	121	123	124	125	78	79	79	80	81	82	83
12 yr	90th	115	116	117	119	121	123	123	75	75	76	77	78	78	79
	95th	119	120	121	123	125	126	127	79	79	80	81	82	83	83
13 yr	90th	117	118	120	122	124	125	126	75	76	76	77	78	79	80
	95th	121	122	124	126	128	129	130	79	80	81	82	83	83	84
14 yr	90th	120	121	123	125	126	128	128	76	76	77	78	79	80	80
	95th	124	125	127	128	130	132	132	80	81	81	82	83	84	85
15 yr	90th	123	124	125	127	129	131	131	77	77	78	79	80	81	81
	95th	127	128	129	131	133	134	135	81	82	83	83	84	85	86
16 yr	90th	125	126	128	130	132	133	134	79	79	80	81	82	82	83
	95th	129	130	132	134	136	137	138	83	83	84	85	86	87	87
17 yr	90th	128	129	131	133	134	136	136	81	81	82	83	84	85	85
	95th	132	133	135	136	138	140	140	85	85	86	87	88	89	89

* Height percentile determined by standard growth curves. Diastolic BP determined by disappearance of Korokoff's sounds (K5), Source: National Heart, Lung and Blood Institute: Update on the 1997 Task Force Report on High Blood Pressure in Children and Adolescents, A Working Group Report from the National High Blood Pressure Education Program, Pediatrics Vol. 98 No.4 October 1996.



Table II. Blood Pressure Levels for Girls Aged 1 to 17 Years by Percentile of Height

GIRLS		Systolic BP (mm Hg) by percentile of height*							Diastolic BP (mm Hg) by percentile of height*						
Age	Percentile	5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1 yr	90th	97	98	99	100	102	103	104	53	53	53	54	55	56	56
	95th	101	102	103	104	105	107	107	57	57	57	58	59	60	60
2 yr	90th	99	99	100	102	103	104	105	57	57	58	58	59	60	61
	95th	102	103	104	105	107	108	109	61	61	62	62	63	64	65
3 yr	90th	100	100	102	103	104	105	106	61	61	61	62	63	63	64
	95th	104	104	105	107	108	109	110	65	65	65	66	67	67	68
4 yr	90th	101	102	103	104	106	107	108	63	63	64	65	65	66	67
	95th	105	106	107	108	109	111	111	67	67	68	69	69	70	71
5 yr	90th	103	103	104	106	107	108	109	65	66	66	67	68	68	69
	95th	107	107	108	110	111	112	113	69	70	70	71	72	72	73
6 yr	90th	104	105	106	107	109	110	111	67	67	68	69	69	70	71
	95th	108	109	110	111	112	114	114	71	71	72	73	73	74	75
7 yr	90th	106	107	108	109	110	112	112	69	69	69	70	71	72	72
	95th	110	110	112	113	114	115	116	73	73	73	74	75	76	76
8 yr	90th	108	109	110	111	112	113	114	70	70	71	71	72	73	74
	95th	112	112	113	115	116	117	118	74	74	75	75	76	77	78
9 yr	90th	110	110	112	113	114	115	116	71	72	72	73	74	74	75
	95th	114	114	115	117	118	119	120	75	76	76	77	78	78	79
10 yr	90th	112	112	114	115	116	117	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
11 yr	90th	114	114	116	117	118	119	120	74	74	75	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	79	79	80	81	81
12 yr	90th	116	116	118	119	120	121	122	75	75	76	76	77	78	78
	95th	120	120	121	123	124	125	126	79	79	80	80	81	82	82
13 yr	90th	118	118	119	121	122	123	124	76	76	77	78	78	79	80
	95th	121	122	123	125	126	127	128	80	80	81	82	82	83	84
14 yr	90th	119	120	121	122	124	125	126	77	77	78	79	79	80	81
	95th	123	124	125	126	128	129	130	81	81	82	83	83	84	85
15 yr	90th	121	121	122	124	125	126	127	78	78	79	79	80	81	82
	95th	124	125	126	128	129	130	131	82	82	83	83	84	85	86
16 yr	90th	122	122	123	125	126	127	128	79	79	79	80	81	82	82
	95th	125	126	127	128	130	131	132	83	83	83	84	85	86	86
17 yr	90th	122	123	124	125	126	128	128	79	79	79	80	81	82	82
	95th	126	126	127	129	130	131	132	83	83	83	84	85	86	86

* Height percentile determined by standard growth curves. Diastolic BP determined by disappearance of Korokoff's sounds (K5), Source: National Heart, Lung and Blood Institute: Update on the 1997 Task Force Report on High Blood Pressure in Children and Adolescents, A Working Group Report from the National High Blood Pressure Education Program, Pediatrics Vol. 98 No.4 October 1996.



d. Oral Health Screening

The purpose of the oral health screening is to identify dental anomalies or diseases, such as dental caries (decay), soft tissue lesions, gum disease, or developmental problems and to ensure that preventive dental education is provided to the parents or guardians.


Unlike other health needs, dental problems are so prevalent that most children over 12 months will need diagnostic evaluation and treatment. An oral screening that includes a medical and dental history and an oral evaluation as listed below must be documented in the child's record.

◆ Medical and dental history:

- Current or recent medical conditions
- Current medications used
- Allergies
- Name of child's physician and dentist
- Date of last dental visit or frequency of dental visits
- Use of fluoride by child (source of water, use of fluoridated toothpaste or other fluoride products)
- Current or recent dental problems or injuries
- Home care (frequency of brushing, flossing, or other oral hygiene practices)
- Snacking and feeding habits

◆ Oral evaluation

- Number of teeth (for children up to age 12)
- Presence of decay
- Presence of demineralized areas (white spots)
- Presence of visible plaque
- Presence of gingivitis or other soft tissue conditions
- Presence of enamel defects
- Presence of sealants
- Presence of restored teeth

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- ◆ Provide age-appropriate oral health education to the parent or guardian. Education should be based on the findings of the oral health screening.
- ◆ Refer children to a dentist for:
 - Complete dental examination annually starting at 12 months and semiannually starting at 24 months, unless a dentist recommends more frequent visits;
 - Obvious or suspected dental caries;
 - Pain or injury to the oral tissue; and
 - Difficulty chewing.

3. Laboratory Tests


a. Hemoglobin and Hematocrit

One hematocrit or hemoglobin determination is suggested by the American Academy of Pediatrics during the first year, and in each of the following intervals:

- ◆ 9-12 months, if any of the following risk factors are present:
 - Qualify for EPSDT Care for Kids
 - Low socioeconomic status
 - Birth weight under 1500 grams
 - Whole milk given before 6 months of age (not recommended)
 - Low-iron formula given (not recommended)
- ◆ 11-20 years. Annual screening for females, if any of the following factors are present:
 - Qualify for EPSDT Care for Kids
 - Moderate to heavy menses
 - Chronic weight loss
 - Nutrition deficit
 - Athletic activity

A test for anemia may be performed at any age if there is:

- ◆ Medical indication noted in the physical examination
- ◆ Nutritional history of inadequate iron in the diet
- ◆ History of blood loss
- ◆ Family history of anemia

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All children whose hemoglobin or hematocrit is less than the fifth percentile are considered at risk for developing anemia.

Children under five years of age with incomes under 185% of poverty and hemoglobins or hematocrit below the fifth percentile qualify for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Fifth Percent Criteria for Children

Age/Years	Hematocrit	Hemoglobin
6 months up to 2 years	32.9	11.0
2 up to 5 years	33.0	11.1
5 up to 8 years	34.5	11.5
8 up to 12 years	35.4	11.9

Female (non pregnant)

12 up to 15 years	35.5	11.8
15 up to 18 years	35.9	12.0
18 up to 21 years	35.7	12.0

Male

12 up to 15 years	37.3	12.5
15 up to 18 years	39.7	13.3
18 up to 21 years	39.9	13.5

Source: "Recommendations to Prevent and Control Iron Deficiency in the United States," *Morbidity and Mortality Weekly Report*, April 3, 1998; Vol. 47, No. RR-3, pages 1-29.

b. Urinalysis

Depending on the success in obtaining a voided urine specimen, urinalysis is suggested:

- ◆ At 5 years
- ◆ Once from 11 through 20 years, preferable at 14 years



Use a dipstick that shows at least pH, glucose, protein, blood, and nitrates. Referral criteria should include:

- ◆ PH below 5 or above 9
- ◆ Glycosuria
- ◆ 2+ protein
- ◆ Positive nitrates
- ◆ Trace or greater blood

c. **Newborn Screening**

Confirm during the infant's first visit that newborn screening was done. In Iowa newborn screening is mandatory for the following conditions:

- ◆ Congenital adrenal hyperplasia
- ◆ Galactosemia
- ◆ Hemoglobinopathies
- ◆ Hypothyroidism
- ◆ Phenylketonuria (PKU)
- ◆ Medium chain acyl Co-A dehydrogenase (MCAD) deficiency
- ◆ Biotinidase deficiency
- ◆ Hearing
- ◆ Cystic fibrosis
- ◆ Any other amino acid, organic acid, and fatty oxidation disorders detectable by tandem mass spectrometry

A current list of the screening panel can be found at:

<http://www.idph.state.ia.us/genetics>

d. **Hemoglobinopathy Screening**

Screen infants not born in Iowa and children of Caribbean, Latin American, Asian, Mediterranean, and African descent who were born before February 1988 for hemoglobin disorders. Identification of carrier status before conception permits genetic counseling and availability of diagnostic testing in the event of pregnancy.

The Hemoglobinopathy Screening and Comprehensive Care Program at the University of Iowa offers testing for a small fee. Call 319-356-1400 for information.



e. Tuberculin Testing

The American Academy of Pediatrics Committee on Infectious Disease recommends annual tuberculin skin testing in high-risk children.

High-risk children include those in households where tuberculosis is common (e.g., from Asia, Africa, Central America, the Pacific Islands, or the Caribbean; migrant workers; residents of correctional institutions and homeless shelters; and homes of IV drug users, alcoholics, HIV positives, and prostitutes).

f. Lead Testing

Perform blood lead testing for lead toxicity on children aged 12 to 72 months of age. The goal of all lead poisoning prevention activities is to reduce children's blood lead levels below 10 µg/dL.

Do not use erythrocyte protoporphyrin (EP) as a screening tool for lead poisoning, because it is not sensitive enough to identify children with blood lead levels below 25 µg/dL.

Initial screening may be done using a capillary specimen if procedures are followed to prevent the contamination of the sample. Consider an elevated blood level from a capillary test presumptive. Confirm it with a venous blood specimen.

For more information or assistance on lead testing, screening, or case management, contact the Bureau of Lead Poisoning Prevention, Iowa Department of Public Health, 515-281-3479 or 1-800-972-2026.

(1) Determining Risk Through Asking Questions

Beginning with the age of 12 months, ask the following questions for all children at each office visit to determine each child's risk for lead poisoning:

- ◆ Has your child ever lived in or regularly visited a house built before 1960 (including home, child care center, baby-sitter, relatives' home)?
- ◆ Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child lives in or regularly visits?



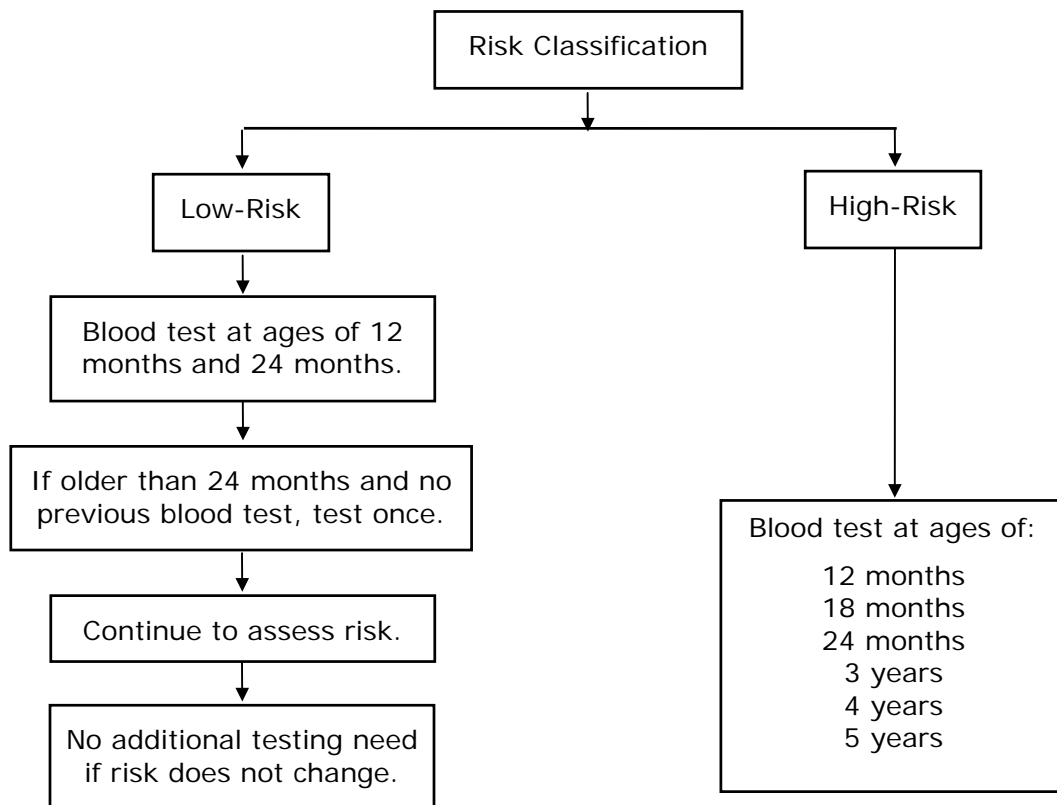
- ♦ Is the pre-1960 home that your child lives in or regularly visits being remodeled or renovated by:
 - Stripping, sanding, or scraping paint on the inside or outside of the house.
 - Removing walls or tearing out lath and plaster.
- ♦ Does your child eat non-food items, such as dirt?
- ♦ Have any of your other children or their playmates had elevated lead levels $\geq 15 \mu\text{g/dL}$?
- ♦ Does your child live with or frequently encounter an adult who works with lead on the job or in a hobby?
(Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramic worker, stained glass worker, sheet metal worker, plumber.)
- ♦ Does your child live near a battery plant, battery recycling plant, or lead smelter?
- ♦ Do you give your child any home or folk remedies? (Examples: Azarcon, Greta, Pay-loo-ah)
- ♦ Does your child eat candy that comes from Mexico or is purchased from a Mexican grocery store?
- ♦ Has your child ever lived in Mexico, Central America, or South America or visited one of these areas for a period longer than two months?

If the answer to **any** of these questions is yes, the child is considered to be at high risk for lead poisoning and must be tested according to the high-risk screening schedule.

If the parent does not know the answer, it must be assumed to be yes. If the answer to all of the questions is no, the child is considered to be at low risk for lead poisoning and must be tested according to the low-risk testing schedule.



(2) Basic Lead Testing Chart (Based on Risk and Age)



NOTE: If you see children at different ages than these, you can change these schedules to correspond with the ages when you do see children. However, the first test should not be done before 12 months unless the child is at extremely high risk for lead poisoning.

If capillary samples are used, see next page for follow-up of any level ≥ 10 $\mu\text{g/dL}$.

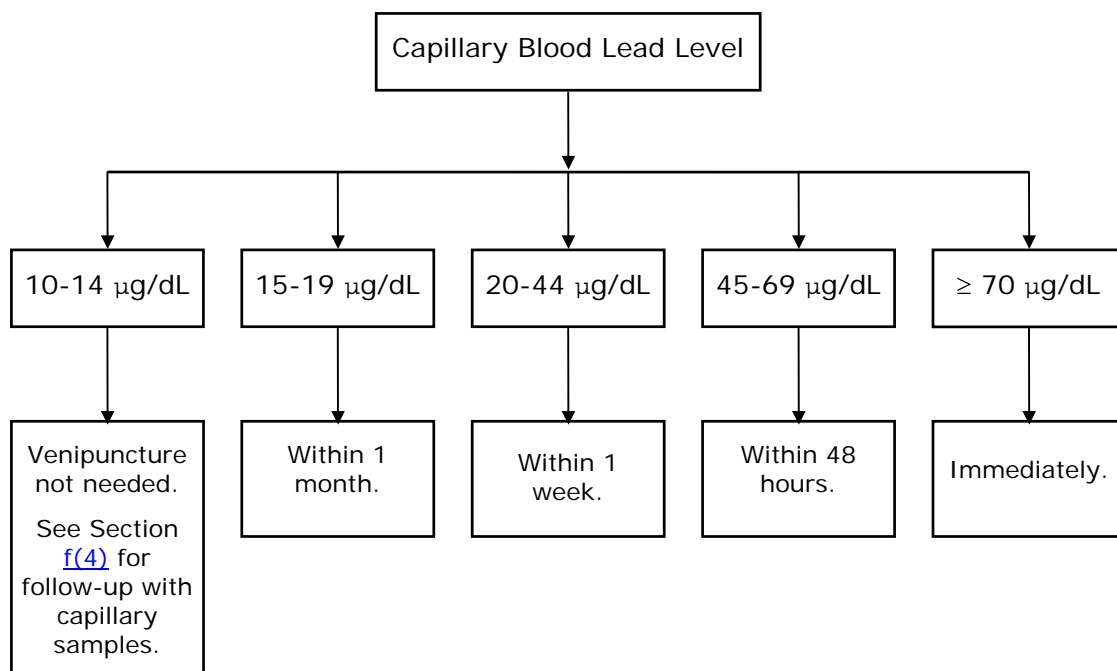
If venous samples are used, see [Follow-up of Elevated Blood Lead Levels \(10-14 \$\mu\text{g/dL}\$ \)](#), [Follow-up of Elevated Venous Blood Leads \(15-19 \$\mu\text{g/dL}\$ \)](#), and [Follow-up of Elevated Venous Levels \(\$\geq 20\$ \$\mu\text{g/dL}\$ \)](#) for follow-up of any level ≥ 10 $\mu\text{g/dL}$.

Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



(3) Schedule for Obtaining Confirmatory Venipunctures

Children who have blood lead levels ≥ 15 $\mu\text{g/dL}$ on a capillary sample should have these levels confirmed on venous samples according to the timetables below.



If venous level < 9 $\mu\text{g/dL}$, return to regular blood lead testing schedule.

If venous level 10-14 $\mu\text{g/dL}$, see [Follow-up of Elevated Blood Lead Levels \(10-14 \$\mu\text{g/dL}\$ \)](#).

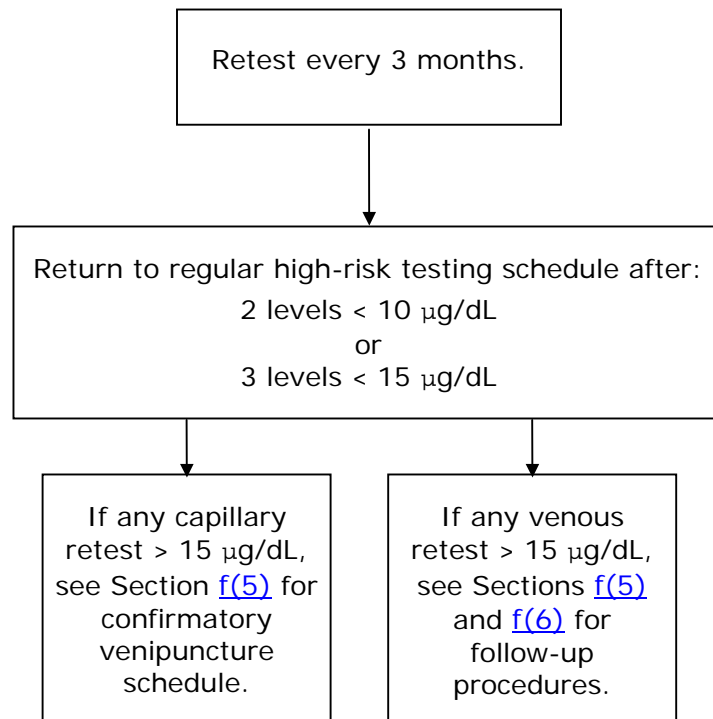
If venous level 15-19 $\mu\text{g/dL}$, see [Follow-up of Elevated Venous Blood Leads \(15-19 \$\mu\text{g/dL}\$ \)](#).

If venous level ≥ 20 $\mu\text{g/dL}$, see [Follow-up of Elevated Venous Levels \(\$\geq 20\$ \$\mu\text{g/dL}\$ \)](#).

Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



(4) Follow-up of Elevated Blood Lead Levels (10-14 $\mu\text{g/dL}$)

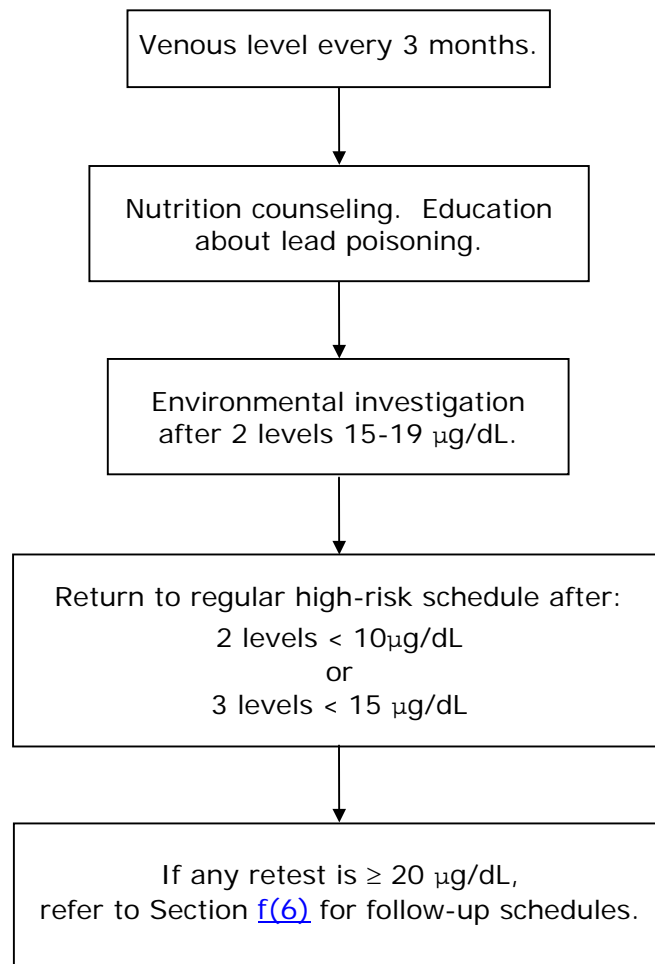


Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



(5) Follow-up of Elevated Venous Blood Leads (15-19 $\mu\text{g}/\text{dL}$)

All children who have had venous levels $\geq 15 \mu\text{g}/\text{dL}$ are considered “high” risk regardless of initial risk assessment.

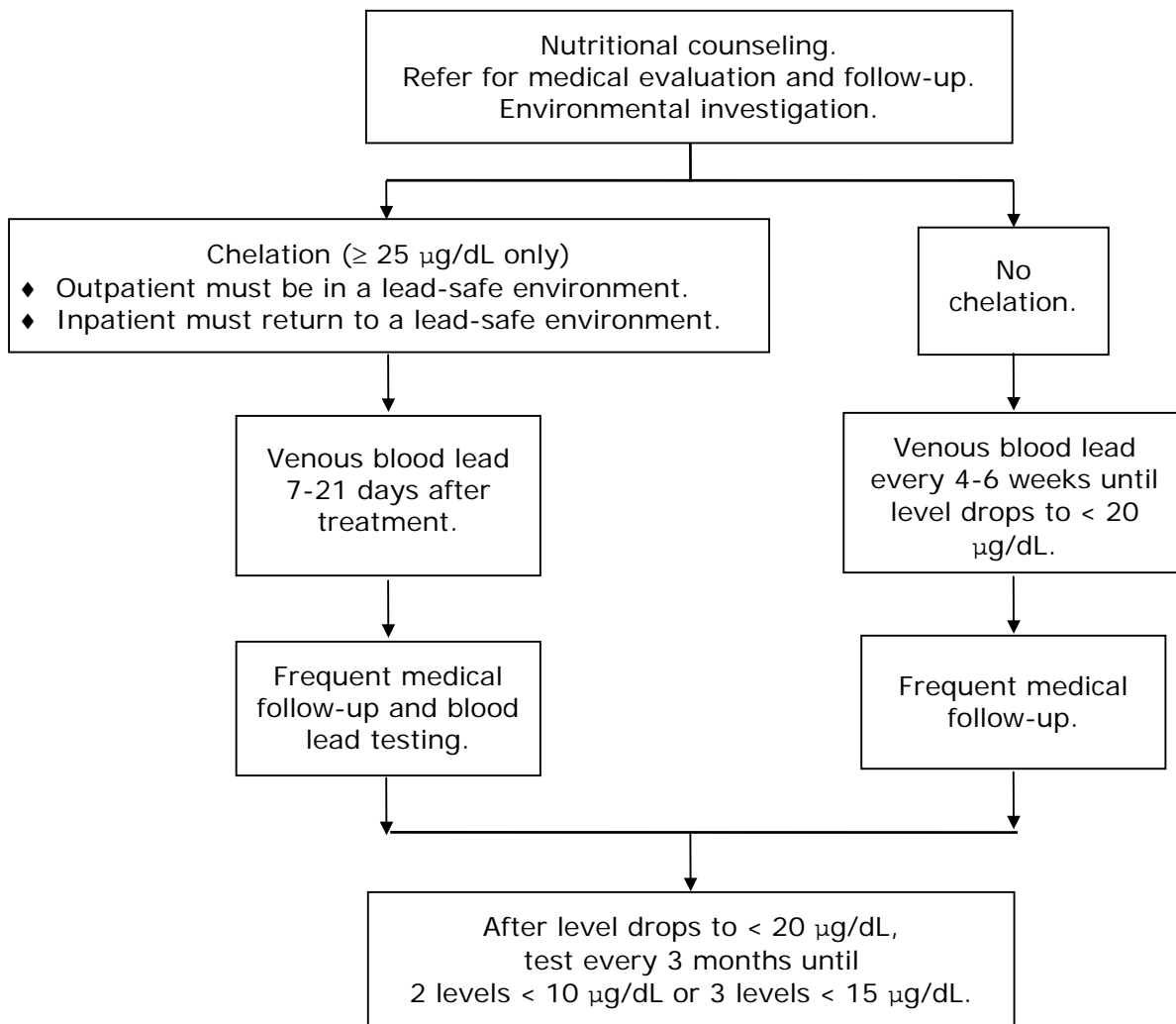


See [Timelines for Medical and Nutritional Follow-up](#) and [Timelines for Environmental Follow-up](#) for time frames for referrals.

Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



(6) Follow-up of Elevated Venous Levels ($\geq 20 \mu\text{g/dL}$)

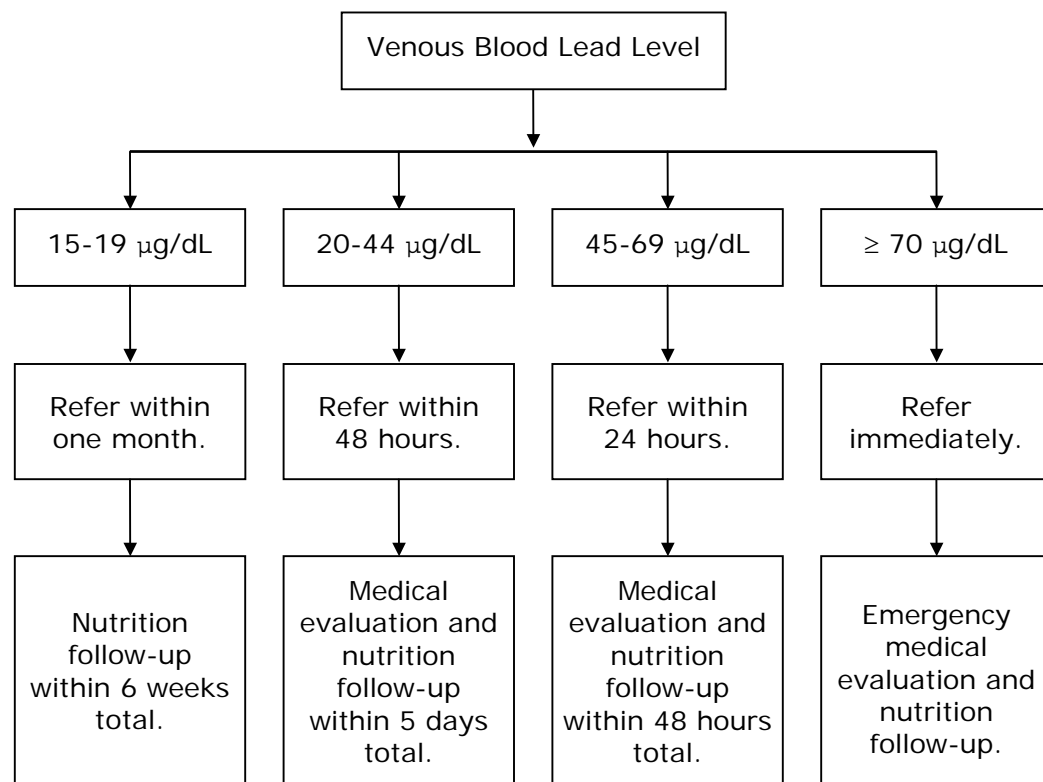


See [Timelines for Medical and Nutritional Follow-up](#) and [Timelines for Environmental Follow-up](#) for time frames for referrals.

Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



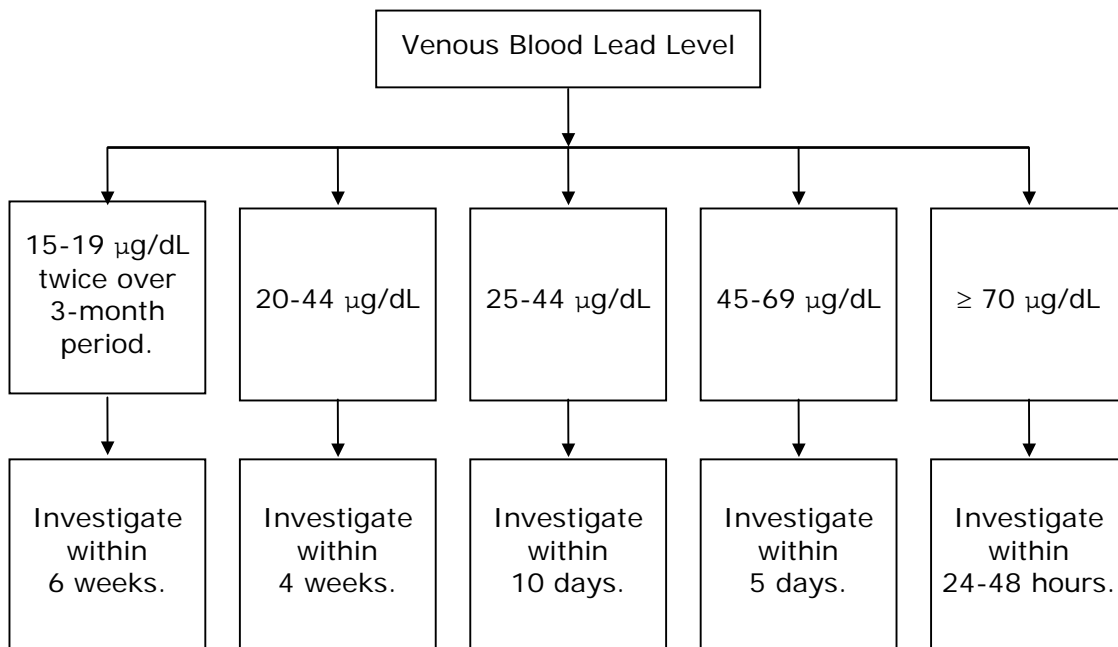
(7) Timelines for Medical and Nutritional Follow-up



Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).



(8) Timelines for Environmental Follow-up



Source: Iowa Department of Public Health (IDPH), *Statewide Plan for Childhood Blood Lead Testing* (January 2004).


g. Cervical Papanicolaou (PAP) Smear

Regular cervical Papanicolaou (PAP) smears are recommended for all females who are sexually active or whose sexual history is thought to be unreliable at age 18. High-risk for cancer in situ are those who:

- ◆ Begin sexual activity in early teen years, and
- ◆ Have multiple partners.

Sexually active females should receive family planning counseling, including pap smears, self breast examinations, and education on prevention of sexually transmitted diseases.

Make a referral for further evaluation, diagnosis, or treatment when the smear demonstrates an abnormality. If first smear is unsatisfactory, repeat as soon as possible.

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h. Gonorrhea Test

Testing for gonorrhea may be done on persons with:

- ◆ Multiple sexual partners or a sexual partner with multiple contacts.
- ◆ Sexual contacts with a person with culture-proven gonorrhea.
- ◆ A history of repeated episodes of gonorrhea.

Discuss how to use contraceptives and make them available. Offer education on prevention of sexually transmitted diseases.

i. Chlamydia Test

Routine testing of sexually active women for chlamydia trachomatis is recommended for asymptomatic persons at high risk for infection (e.g., age less than 25, multiple sexual partners with multiple sexual contacts). For recent sexual partners of persons with positive tests for STD, also provide:

- ◆ Education on prevention of sexually transmitted diseases.
- ◆ Education on the importance of contraception to prevent pregnancy.

4. Other Services

Other services that must be included in the screening examination are:

- ◆ [Immunizations](#)
- ◆ [Assessment of nutritional status](#)
- ◆ [Vision screening](#)
- ◆ [Hearing screening](#)


a. Immunization

In an effort to improve immunization practice, the health objectives for the nation call for a minimum of 90% of children to have recommended immunizations by their second birthday.

Standards published by the National Vaccine Advisory Committee in February 2002 reflect changes and challenges in vaccine delivery.

Every time children are seen, screen their immunization status and administer appropriate vaccines. (See [ACIP Recommendations](#).)

You can obtain information about immunizations by contacting 1-800-232-4636 or 1-800-831-6293.

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Many opportunities to immunize children are missed due to lack of knowledge about true contraindications, such as erroneously considering mild illness a contraindication. See [Contraindications and Precaution for Immunization](#) for a guide to contraindications to immunization. <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

When multiple vaccines are needed, administer vaccines simultaneously to decrease the number of children lost to follow-up. Do this particularly in high-risk populations who tend to be transient and noncompliant with recommendations for routine health maintenance visits.

Under the leadership of National Vaccine Advisory Committee (NVAC), standards were recently revised (<http://www.cdc.gov/vaccines/recs/vac-admin/>). The revised standards focus on:

- ◆ Making vaccines easily accessible
- ◆ Effectively communicating vaccination information
- ◆ Implementing strategies to improve vaccination rates
- ◆ Developing community partnerships to reach target patient populations

Provide the recommended childhood immunization schedule for the United States for January-December of the current year. These recommendations are approved by:

- ◆ The Advisory Committee on Immunization Practices (ACIP).
- ◆ The American Academy of Pediatrics.
- ◆ The American Academy of Family Physicians.

The recommended childhood and adolescent immunization schedule can be accessed on the following web sites: <http://www.cdc.gov/vaccines>, www.aap.org, or www.aafp.org.

b. Nutritional Status

To assess nutritional status, include:

- ◆ Accurate measurements of height and weight.
- ◆ A laboratory test to screen for iron deficiency anemia (see Hgb/Hct procedures on [Hemoglobin and Hematocrit](#) for suggested screening ages).



- ◆ Questions about dietary practices to identify:
 - Diets that are deficient or excessive in one or more nutrients.
 - Food allergy, intolerance, or aversion.
 - Inappropriate dietary alterations.
 - Unusual eating habits (such as extended use of bottle feedings, pica, or abnormal behaviors intended to change body weight).
- ◆ Complete physical examination, including dental, with special attention to such general features as pallor, apathy, and irritability.
- ◆ If feasible, cholesterol measurement for children over two years of age who have increased risk for cardiovascular disease according to the following criteria:
 - Parents or grandparent, at 55 years of age or less, underwent diagnostic coronary arteriography and was found to have coronary atherosclerosis or suffered a documented myocardial infarction, peripheral vascular disease, cerebrovascular disease, or sudden cardiac death.
 - A parent who has been found to have high blood cholesterol (240 mg/dL or higher).

(1) Medical Evaluation Indicated (0-12 months)

Use the following criteria for referring an infant for further medical evaluation due to nutrition status:

- ◆ Measurements
 - Weight/height < 5th percentile or > 95th percentile (NCHS charts).
 - Weight/age < 5th percentile.
 - Major change in weight/height percentile rank. (A 25 percentile or greater shift in ranking.)
 - Flat growth curve. (Two months without an increase in weight/age of an infant below the 90th percentile weight/age.)
- ◆ Laboratory tests
 - < Hct 32.9%
 - < Hgb 11 gm/dL (6-12 months)
 - ≥ 15 µg/dL blood lead level



- ◆ Health problems
 - Metabolic disorder.
 - Chronic disease requiring a special diet.
 - Physical handicap or developmental delay that may alter nutritional status.

◆ Physical examination

Abnormality of any of the following which indicates poor nutrition: hair, skin or nails, eyes, teeth or gums, disorders of the thyroid or parotid glands, gastrointestinal disorders, neurological disorders, or skeletal disorders.

(2) Medical Evaluation Indicated (1-10 years)

Use these criteria for referring a child for further medical evaluation of nutrition status:

- ◆ Measurements
 - Weight/length < 5th percentile or > 95th percentile for 12-23 months.
 - BMI for age < 5th percentile or > 95th percentile for 24 months and older.
 - Weight/Age < 5th percentile.
 - Major change in weight/height percentile rank. (A 25 percentile or greater shift in ranking.)
 - Flat growth curve:

Age	Indicator
12 to 36 months	Two months without an increase in weight per age of a child below the 90th percentile weight per age.
3 to 10 years	Six months without an increase in weight per age of a child below the 90th percentile weight per age.

◆ Laboratory tests

Age	HCT %	HGB gm/dL
1 up to 2 years	32.9	11.0
2 up to 5 years	33.0	11.1
5 up to 8 years	34.5	11.4
8 up to 10 years	35.4	11.9



- ◆ Health problems
 - Chronic disease requiring a special diet.
 - Metabolic disorder.
 - Family history of hyperlipidemias.
 - Physical handicap or developmental delay that may alter nutritional status.
- ◆ Physical examination: Abnormality of any of the following which indicates poor nutrition: hair, skin or nails, eyes, teeth or gums, disorders of the thyroid or parotid glands, gastrointestinal disorders, neurological disorders, or skeletal disorders.


(3) Medical Evaluation Indicated (11-21 years)

Use these criteria for referring adolescents for further medical evaluation of nutritional status:

- ◆ Laboratory tests

Age	FEMALE		MALE	
	HCT %	HGB gm/dL	HCT %	HGB gm/dL
11 up to 12	35.4	11.9	35.4	11.9
12 up to 15	35.7	11.8	37.3	12.5
15 up to 18	35.9	12.0	39.7	13.3
18 up to 21	35.7	12.0	39.9	13.6

- ◆ Health problems
 - Chronic disease requiring a special diet.
 - Physical handicap or developmental delay that may alter nutritional status.
 - Metabolic disorder.
 - Substance use or abuse.
 - Family history of hyperlipidemias.
 - Any behaviors intended to change body weight such as self induced vomiting, bingeing and purging, use of laxatives or diet pills, skipping meals on a regular basis, excessive exercise.

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- Physical examination. Abnormality of any of the following which indicates poor nutrition: hair, skin or nails, eyes, teeth or gums, disorders of the thyroid or parotid glands, gastrointestinal disorders, neurological disorders, or skeletal disorders.

Source: *Report of the Expert Panel on Blood Cholesterol Levels in Children and Adolescents*. U.S. Department of Health and Human Services, September 1991.

c. Vision


Examination of the eyes should begin in the newborn period and should be done at all well infant and well child visits. Comprehensive examination of children is recommended as a part of the regular plan for continuing care beginning at three years of age.

At each visit, obtain a history to elicit from parents evidence of any visual difficulties. During the newborn period, infants who may be at risk for eye problems include those who are premature (e.g., retinopathy of prematurity) and those with family history of congenital cataracts, retinoblastoma, and metabolic and genetic diseases.

(1) Birth Through Two Years of Age

Eye evaluations of infants and children birth through two years of age should include:

- ♦ Eyelids and orbits.
- ♦ External examinations.
- ♦ Eye muscle balance.
- ♦ Pupils.
- ♦ Red reflex.
- ♦ Motility.
- ♦ Monocular fixational ability/assessment.

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(2) Two to Four Years of Age

In addition to all the eye evaluations listed for infants and young children, two additional measures should be included. Beginning as early as age 2½ years, children should receive objective vision testing using picture cards. (See the following [chart](#) for suggested tests.)

Three-year-old-children who are uncooperative when tested should be retested four to six months later. Make a referral for an eye examination if the child is untestable on the second attempt.

In addition to visual acuity testing, children four years old may cooperate by fixating on a toy while the ophthalmoscope is used to evaluate the optic nerve and posterior eye structures.

(3) At Five Years and Older

Children five years and older should receive all the previously described eye examinations and screening described for younger children.


During the preschool years, muscle imbalance testing is very important. The guidelines above suggest assessing muscle imbalance by use of the corneal light reflex test, unilateral cover test at near and far distance, and random-dot-E test for depth perception.

As the child reaches school age, refractive errors that may require eyeglasses for correction become important. The most common refractive error is hyperopia or far-sightedness. Hyperopia can cause problems in performing close work. Therefore, referral to an eye care specialist is recommended. Uncorrected hyperopia is very common in learning-related vision problems.



VISION SCREENING GUIDELINES		
Function: Recommended Tests	Referral Criteria	Comments
Distance visual acuity: <ul style="list-style-type: none">◆ Snellen letters◆ Snellen numbers◆ Tumbling E◆ HOTV◆ Picture tests<ul style="list-style-type: none">• Allen figures• LH test	Ages 3-5 years: <ol style="list-style-type: none">1. <4 of 6 correct on 20 ft line with either eye tested at 10 ft monocularly (i.e., <10/20 or 20/40) or2. Two-line difference between eyes, even within the passing range (i.e., 10/12.5 and 10/20 or 20/25 and 20/40) Ages 6 years and older: <ol style="list-style-type: none">1. <4 of 6 correct on 15 ft line with either eye tested at 10 ft monocularly (i.e., <10/15 or 20/30)2. Two-line difference between eyes, even within the passing range (i.e., 10/10 and 10/15 or 20/20 and 20/30)	<ol style="list-style-type: none">1. Tests are listed in decreasing order of cognitive difficulty. Use the highest test that the child is capable of performing. In general, the tumbling E or the HOTV test should be used for ages 3-5 years and Snellen letters or numbers for ages 6 years and older.2. Testing distance of 10 ft is recommended for all visual acuity tests.3. A line of figures is preferred over single figures.4. The nontested eye should be covered by an occluder held by the examiner or by an adhesive occluder patch applied to eye. The examiner must ensure that it is not possible to peek with the nontested eye.
Ocular alignment: <ul style="list-style-type: none">◆ Unilateral cover test at 10 ft or 3 m or◆ Random-dot-E stereo test at 40 cm (630 s of arc)	<p>Any eye movement</p> <p><4 of 6 correct</p>	

Source: Vision screening guidelines developed by the AAP Section on Ophthalmology Executive Committee, 1991-1992. *Pediatrics*, Vol. 98 No. 1, July 1996.

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d. Hearing

Objective screening of hearing for all neonates is now recommended by multiple professional medical, audiology, and early childhood education groups. Objective hearing screening performed on newborns and infants will detect congenital hearing loss, but will not identify those children with progressive hearing loss.

Thus, objective hearing screening for all children should be a regular procedure conducted during well-child health screening appointments according to the periodicity schedule. Using high risk factor subjective screening methods is no longer an acceptable alternative to objective hearing screening during early childhood.

Objective hearing screening should be performed on all infants by age one month. Newborn infants who have **not** had an objective hearing test should be referred to an audiologist who specializes in infant screening using one of the latest audiology screening technologies. There are multiple public and private audiologists serving infants and toddlers.

Other types of objective hearing screening, such as “play audiometry” may begin as soon as a child is developmentally able to understand the procedure and cooperate. Audiometry is typically performed at frequencies of 500, 1000, 2000, 4000, and 6000 Hz at 20 decibels for both ears.

Subjective screening of hearing may be performed by history and observation during health visits occurring between the appointed times for objective hearing screening according to the periodicity schedule.

A child of any age who has not had objective hearing screening should be referred for audiology evaluation to rule out congenital hearing loss. The following children should also be referred for objective audiology evaluation:

- ◆ A child with congenital anomaly of the ear, nose, throat, or kidney
- ◆ A child with behavior problems
- ◆ A child with developmental delay of onset of speech
- ◆ A child with recurrent upper respiratory infections
- ◆ A child with a family history of hearing loss
- ◆ A child who does not respond to pure tone testing at any of the levels screened



If the parent has any concern about the child's hearing, refer the child for objective audiology evaluation.

Unless a medical problem is apparent, an audiological examination is usually needed before referral or in conjunction with the referral to medical specialist.

D. BASIS OF PAYMENT FOR SERVICES

Payment to a screening center for services is on a fee-for-service basis. Submit all the actual costs of the screening examination, lab tests, and immunizations.

Bill all procedures in whole units of service. For most codes, 15 minute equals one unit. Round remainders of seven minutes or less down to the lower unit and remainders of more than seven minutes up to the next unit.

E. RECORDS

The documentation for each "patient encounter" shall include the following (when appropriate):

- ◆ Complaint and symptoms; history; examination findings; diagnostic test results; assessment, clinical impression or diagnosis; plan for care; date; and identity of the observer.
- ◆ Specific procedures or treatments performed.
- ◆ Medications or other supplies.
- ◆ Patient's progress, response to and changes in treatment, and revision of diagnosis.
- ◆ Information necessary to support each item of service reported on the Medicaid claim form.
- ◆ Date of service.
- ◆ Name of member.
- ◆ Name of provider agency and person providing the service.
- ◆ Nature, extent, or units of service. Maintain a record of the time to support the units on the claim form.
- ◆ Place of service.



The requirements for documenting medical transportation services include the following:

- ◆ Date of service
- ◆ Member's name
- ◆ Address of where recipient was picked up
- ◆ Destination (medical provider's name and address)
- ◆ Invoice of cost
- ◆ Mileage if the transportation is paid per mile

Providers of service shall maintain fiscal records in support of each item of service for which a charge is made to the program. The fiscal record does not constitute a clinical record.

Failure to maintain supporting fiscal and clinical records may result in claim denials or recoupment of Medicaid payment.

As a condition of accepting Medicaid payment for services, providers are required to provide the Iowa Medicaid program access to client medical records when requested. Providers shall make the medical and fiscal records available to the Department or its duly authorized representative on request.

Client rights of confidentiality are respected in accordance with the provisions of 42 CFR Part 431, Subpart F, and Iowa Code Section 217.30.

F. PROCEDURE CODES AND NOMENCLATURE

Iowa uses the HCFA Common Procedures Coding System (HCPCS). Bill the screening examination using the appropriate preventive office CPT code. Claims submitted without a CPT code, modifier code, and an ICD-9 diagnosis code will be denied.

New Patient

- 99381 **Initial preventive medicine** evaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, new patient; infant (age under 1 year)
- 99382 Early childhood (age 1 through 4 years)
- 99383 Late childhood (age 5 through 11 years)
- 99384 Adolescent (age 12 through 17 years)
- 99385 18-20 years



Established Patient

- 99391 **Periodic preventive medicine** reevaluation and management of an individual including a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under 1 year)
- 99392 Early childhood (age 1 through 4 years)
- 99393 Late childhood (age 5 through 11 years)
- 99394 Adolescent (age 12 through 17 years)
- 99395 18-20 years

Use the following modifier if applicable:

<u>Modifier</u>	<u>Description</u>
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U1	Indicate a referral for treatment
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If a follow-up visit is scheduled after the preventive visit, use the following code and an appropriate ICD-9 code.


- 99211 Office or other outpatient visit for the evaluation and management of an established patient.

1. Care Coordination

If your agency has an agreement to provide additional services, bill informing and care coordination with the procedure code as follows:

<u>Code</u>	<u>Description</u>
W0052	Informing services
T1016	Case management
G9006	Home visit

In the diagnosis area on the claim form, use the diagnosis code V20.2 (for patients ages 0-18) or V70.5 (for patients ages 19 or 20).

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2. Nutritional Counseling

Payment for nutritional counseling services will be made using the following codes:

<u>Code</u>	<u>Description</u>
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
97803	Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes

In the diagnosis area of the claim form, use the diagnosis appropriate for the condition being treated.

3. Testing

Bill specific laboratory and testing services as follows:

<u>Code</u>	<u>Description</u>
36416	Collection of capillary blood specimen (e.g. finger, heel, ear stick) (Can not be used in conjunction with 99000.)
36415	Collection of venous blood by venipuncture
96110	Developmental testing, limited, with interpretation and report
99000	Draw fee
85014	Hematocrit
85018	Hemoglobin
83655	Lead
92555	Speech audiometry (threshold only)
86580	Tuberculosis, intradermal
81000	Urinalysis
99173	Visual acuity (will not be paid if used with another code)

4. Immunizations

Providers must provide immunizations under the Vaccines for Children Program (VFC). When a child receives a vaccine outside of the VFC schedule, Medicaid will provide reimbursement. Vaccines available through the VFC program are:

<u>Code</u>	<u>Description</u>
90702	Diphtheria and tetanus toxoids (DT) vaccine for children under age 7
90700	Diphtheria, tetanus toxoids and acellular pertussis (DTaP)
90723	Diphtheria, tetanus toxoids and acellular pertussis (DTaP), Hepatitis B, poliovirus (IPV) vaccine



<u>Code</u>	<u>Description</u>
90721	Diphtheria, tetanus toxoids and acellular pertussis (DTaP), Hemophilus influenza B (Hib) vaccine
90645	Hemophilus influenza B (Hib) HbOC conjugate (4-dose schedule)
90646	Hemophilus influenza B (Hib) PRP-D conjugate (booster only)
90647	Hemophilus influenza B (Hib) PRP-OMP conjugate (3-dose schedule)
90648	Hemophilus influenza B (Hib) PRP-T conjugate (4-dose schedule)
90748	Hemophilus influenza B (HIB) and hepatitis B vaccine
90633	Hepatitis A, pediatric/adolescent (2-dose schedule)
90744	Hepatitis B vaccine; pediatric/adolescent (3-dose schedule)
90649	Human papilloma virus (HPV)
90655	Influenza virus, preservative-free, for children 6-35 months old
90656	Influenza virus vaccine, preservative-free, when administered to children 3 years and older
90660	Influenza virus vaccine, live, for intranasal use
90657	Influenza vaccine, for children 6-35 months old
90658	Influenza vaccine, for children 3 years and older
90707	Measles, mumps, and rubella virus vaccine (MMR), live
90710	Measles, mumps, rubella, varicella (MMRV), live
90734	Meningococcal conjugate vaccine
90669	Pneumococcal conjugate for children under age 5
90713	Poliovirus vaccine (IPV)
90680	Rotavirus vaccine
90714	Tetanus and diphtheria toxoids (Td), absorbed, preservative-free, for children age 7 or older
90715	Tetanus, diphtheria toxoids and acellular pertussis (TDaP), for children age 7 or older
90718	Tetanus and diphtheria toxoids adsorbed, for children age 7 or older (Td)
90716	Varicella vaccine

For VFC vaccine, bill code 90471 and 90472 for vaccine administration in addition to the CPT code. The charges in box 24F should be "0" for the vaccine. Charge your usual and customary charge for the administration 90471 and 90472.

90473 (immunization administration by oral or nasal route) cannot be used with 90471.



5. Local Transportation

Only agencies designated by the Iowa Department of Public Health can bill for transportation services. In the diagnosis area of the claim form, use diagnosis code V68.9.

<u>Code</u>	<u>Description</u>	<u>Unit</u>
A0110	Non-emergency transportation and bus, intrastate or interstate carrier	Per round trip
A0100	Non-emergency transportation taxi--intracity	Per round trip
A0130	Non-emergency transportation; wheelchair van	Per round trip
A0090	Non-emergency transportation per mile-volunteer interested individual, neighbor	Per mile
A0120	Non-emergency transportation mini-bus, mountain area transports, other non-profit transportation systems	Per round trip
A0170	Transportation, parking fees, tolls, other	

Use the following code for children enrolled in a Medicaid HMO.

<u>Code</u>	<u>Description</u>	<u>Unit</u>
T2002	Non-emergency transportation	Per day

6. Oral Health Services

In the diagnosis area of the claim form, use diagnosis code 528.9.

<u>Code</u>	<u>Procedure</u>	<u>Comment</u>
D0120	Screening evaluation	Once every six months
D0145	Oral evaluation for patient under age three and counseling with primary caregiver	
D0150	Initial screening evaluation	
D0270	Bitewing, single film	
D0272	Bitewing, two films	
D0274	Bitewing, four films	
D1110	Adult prophylaxis	
D1120	Child prophylaxis	
D1203	Fluoride application, child	Payable three times annually
D1204	Fluoride application, adult	Payable three times annually
D1206	Topical fluoride varnish	
D1310	Nutritional counseling for the control and prevention of oral disease	15-minute unit

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA										PICA																																																	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																							
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																							
CITY										STATE										CITY										STATE																													
ZIP CODE										TELEPHONE (Include Area Code) ()										ZIP CODE										TELEPHONE (Include Area Code) ()																													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE										11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										c. EMPLOYER'S NAME OR SCHOOL NAME										d. INSURANCE PLAN NAME OR PROGRAM NAME																													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																																																	
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____ 17b. NPI _____										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																							
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. _____ 3. _____ 2. _____ 4. _____										23. PRIOR AUTHORIZATION NUMBER																																																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #																																																											
1																																																											
2																																																											
3																																																											
4																																																											
5																																																											
6																																																											
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$										29. AMOUNT PAID \$										30. BALANCE DUE \$									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____										32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.										33. BILLING PROVIDER INFO & PH # () a. NPI b.																																							

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0999. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.



<u>Code</u>	<u>Procedure</u>	<u>Comment</u>
D1330	Oral hygiene instruction	15-minute unit
D1351	Sealant, per tooth	

NOTE: Child for dental coding is age 11 and younger. Adult for dental coding begins at age 12.

G. CLAIM FORM

Bill for screening examinations on the *Health Insurance Claim Form, CMS-1500*. To view a sample of this form on line, click [here](#).

1. Instructions for Completing the CMS-1500 Claim Form

The table below follows the CMS-1500 claim form by field number and name, and gives a brief description of the information to be entered and whether providing information in that field is required, optional, or conditional of the individual member's situation.

For electronic media claim (EMC) submitters, refer also to your EMC specifications for claim completion instructions.

FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
1.	CHECK ONE	REQUIRED. Check the applicable program block.
1a.	INSURED'S ID NUMBER	REQUIRED. Enter the Medicaid member's Medicaid number, found on the <i>Medical Assistance Eligibility Card</i> . The Medicaid "member" is defined as a recipient of services who has Iowa Medicaid coverage. The Medicaid number consists of seven digits followed by a letter, e.g., 1234567A. Verify eligibility by visiting the web portal or by calling the Eligibility Verification System (ELVS) at 800-338-7752 or 515-323-9639, local in the Des Moines area. To establish a web portal account, call 800-967-7902.
2.	PATIENT'S NAME	REQUIRED. Enter the last name, first name, and middle initial of the Medicaid member.
3.	PATIENT'S BIRTHDATE	OPTIONAL. Enter the Medicaid member's birth month, day, year, and sex. Completing this field may expedite processing of your claim.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
4.	INSURED'S NAME	OPTIONAL. For Medicaid purposes, the "insured" is always the same as the patient. For Iowa Medicaid purposes, the member receiving services is always the "insured." If the member is covered through other insurance, the policyholder is the "other insured."
5.	PATIENT'S ADDRESS	OPTIONAL. Enter the address and phone number of the patient, if available.
6.	PATIENT RELATIONSHIP TO INSURED	OPTIONAL. For Medicaid purposes, the "insured" is always the same as the patient.
7.	INSURED'S ADDRESS	OPTIONAL. For Medicaid purposes, the "insured" is always the same as the patient.
8.	PATIENT STATUS	REQUIRED, IF KNOWN. Check boxes corresponding to the patient's current marital and occupational status.
9a-d.	OTHER INSURED'S NAME	SITUATIONAL. Required if the Medicaid member is covered under other additional insurance. Enter the name of the policyholder of that insurance, as well as the policy or group number, the employer or school name under which coverage is offered, and the name of the plan or program. If 11d is "yes," these boxes must be completed.
10.	IS PATIENT'S CONDITION RELATED TO	REQUIRED, IF KNOWN. Check the applicable box to indicate whether or not treatment billed on this claim is for a condition that is somehow work-related or accident-related. If the patient's condition is related to employment or an accident, and other insurance has denied payment, complete 11d, marking the "yes" and "no" boxes.
10d.	RESERVED FOR LOCAL USE	OPTIONAL. No entry required.
11a-c.	INSURED'S POLICY GROUP OR FECA NUMBER AND OTHER INFORMATION	OPTIONAL. For Medicaid purposes, the "insured" is always the same as the patient.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
11d.	IS THERE ANOTHER HEALTH BENEFIT PLAN?	<p>REQUIRED. If the Medicaid member has other insurance, check "yes" and enter the payment amount in field 29. If "yes," then boxes 9a-9d must be completed.</p> <p>If there is no other insurance, check "no."</p> <p>If you have received a denial of payment from another insurance, check both "yes" and "no" to indicate that there is other insurance, but that the benefits were denied. Proof of denials must be included in the patient record.</p> <p>Request this information from the member. You may also determine if other insurance exists by visiting the web portal or by calling the Eligibility Verification System (ELVS) at 800-338-7752 or 515-323-9639, local in the Des Moines area. To establish a web portal account, call 800-967-7902.</p> <p>NOTE: Auditing will be performed on a random basis to ensure correct billing.</p>
12.	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	OPTIONAL. No entry required.
13.	INSURED OR AUTHORIZED PERSON'S SIGNATURE	OPTIONAL. No entry required.
14.	DATE OF CURRENT ILLNESS, INJURY, PREGNANCY	SITUATIONAL. Enter the date of the onset of treatment as month, day, and year. For pregnancy, use the date of the last menstrual period (LMP) as the first date. This field is not required for preventative care.
15.	IF THE PATIENT HAS HAD SAME OR SIMILAR ILLNESS...	SITUATIONAL. Chiropractors must enter the current X-ray as month, day, and year. For all others, no entry is required.
16.	DATES PATIENT UNABLE TO WORK...	OPTIONAL. No entry required.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
17.	NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	CONDITIONAL. Required if the referring provider is not enrolled as an Iowa Medicaid provider. "Referring provider" is defined as the health care provider that directed the patient to your office.
17a.		OPTIONAL. No entry required.
17b.	NPI	SITUATIONAL. If the patient is a MediPASS member and the MediPASS provider authorized service, enter the 10-digit national provider identifier (NPI) of the referring provider. If this claim is for consultation, independent lab, or DME, enter the NPI of the referring or prescribing provider. If the patient is on lock-in and the lock-in provider authorized the service, enter that provider's NPI.
18.	HOSPITALIZATION DATES RELATED TO...	OPTIONAL. No entry required.
19.	RESERVED FOR LOCAL USE	OPTIONAL. No entry required. Note that pregnancy is now indicated with a pregnancy diagnosis code in box 21. If you are unable to use a pregnancy diagnosis code in any of the fields in box 21, write in this box, "Y – Pregnant."
20.	OUTSIDE LAB	OPTIONAL. No entry required.
21.	DIAGNOSIS OR NATURE OF ILLNESS	REQUIRED. Indicate the applicable ICD-9-CM diagnosis codes in order of importance (1-primary, 2-secondary, 3-tertiary, and 4-quaternary), to a maximum of four diagnoses. If the patient is pregnant, one of the diagnosis codes must indicate pregnancy. The pregnancy diagnosis codes are as follows: 640 through 648, 670 through 677, V22, V23
22.	MEDICAID RESUBMISSION CODE...	This field will be required at a future date. Instructions will be provided before the requirement is implemented.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
23.	PRIOR AUTHORIZATION NUMBER	SITUATIONAL. If there is a prior authorization, enter the prior authorization number. Obtain this number from the prior authorization form.
24. A	DATE(S) OF SERVICE	REQUIRED. Enter month, day, and year under both the "From" and "To" columns for each procedure, service, or supply. If the "From-To" dates span more than one calendar month, represent each month on a separate line. Because eligibility is approved on a monthly basis, spanning or overlapping billing months could cause the entire claim to be denied.
24. B	PLACE OF SERVICE	REQUIRED. Using the chart below, enter the number corresponding to the place service was provided. Do not use alphabetic characters. 11 Office 12 Home 21 Inpatient hospital 22 Outpatient hospital 23 Emergency room – hospital 24 Ambulatory surgical center 25 Birthing center 26 Military treatment facility 31 Skilled nursing 32 Nursing facility 33 Custodial care facility 34 Hospice 41 Ambulance – land 42 Ambulance – air or water 51 Inpatient psychiatric facility 52 Psychiatric facility – partial hospitalization 53 Community mental health center 54 Intermediate care facility/mentally retarded 55 Residential substance abuse treatment facility 56 Psychiatric residential treatment center 61 Comprehensive inpatient rehabilitation facility 62 Comprehensive outpatient rehabilitation facility



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
		65 End-stage renal disease treatment 71 State or local public health clinic 72 Rural health clinic 81 Independent laboratory 99 Other unlisted facility
24. C	EMG	OPTIONAL. No entry required.
24. D	PROCEDURES, SERVICES OR SUPPLIES	REQUIRED. Enter the codes for each of the dates of service. Do not list services for which no fees were charged. Enter the procedures, services, or supplies using the CMS Healthcare Common Procedure Coding System (HCPCS) code or valid Current Procedural Terminology (CPT) codes. When applicable, show the HCPCS code modifiers with the HCPCS code.
24. E	DIAGNOSIS POINTER	REQUIRED. Indicate the corresponding diagnosis code from field 21 by entering the number of its position, e.g., 3. Do not write the actual diagnosis code in this field. Doing so will cause the claim to deny. There is a maximum of four diagnosis codes per claim.
24. F	\$ CHARGES	REQUIRED. Enter the usual and customary charge for each line item. This is defined as the provider's customary charges to the public for the services.
24. G	DAYS OR UNITS	REQUIRED. Enter the number of times this procedure was performed or number of supply items dispensed. If the procedure code specifies the number of units, then enter "1." When billing general anesthesia, the units of service must reflect the total minutes of general anesthesia.
24. H	EPSDT/FAMILY PLANNING	SITUATIONAL. Enter "F" if the service on this claim line is for family planning. Enter "E" if the services on this claim line are the result of an EPSDT Care for Kids screening.
24. I	ID QUAL.	OPTIONAL. No entry required.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
24. J	RENDERING PROVIDER ID #	SITUATIONAL. The "rendering provider" is the practitioner who provided, supervised, or ordered the service. In the lower portion, enter the NPI of the provider rendering the service when the NPI given in field 33 is that of a group or is not that of the treating provider.
25.	FEDERAL TAX ID NUMBER	OPTIONAL. No entry required.
26.	PATIENT'S ACCOUNT NUMBER	FOR PROVIDER USE. Enter the account number you have assigned to the patient. This field is limited to 10 alphabetical or numeric characters.
27.	ACCEPT ASSIGNMENT?	OPTIONAL. No entry required.
28.	TOTAL CLAIM CHARGE	REQUIRED. Enter the total of the line-item charges. If more than one claim form is used to bill services performed, each claim form must be separately totaled. Do not carry over any charges to another claim form.
29.	AMOUNT PAID	SITUATIONAL. Enter only the amount paid by other insurance. Do not list member copayments, Medicare payments, or previous Medicaid payments on this claim. Do not submit this claim until you receive a payment or denial from the other carrier. Proof of denial must be kept in the patient record.
30.	BALANCE DUE	REQUIRED. Enter the amount of total charges less the amount entered in field 29.
31.	SIGNATURE OF PHYSICIAN OR SUPPLIER	REQUIRED. Enter the signature of either the provider or the provider's authorized representative and the original filing date. The signatory must be someone who can legally attest to the service provided and can bind the organization to the declarations on the back of this form. If the signature is computer-generated block letters, the signature must be initialed. A signature stamp may be used.



FIELD NUMBER	FIELD NAME/ DESCRIPTION	INSTRUCTIONS
32.	SERVICE FACILITY LOCATION INFORMATION	REQUIRED. Enter the name and address associated with the rendering provider.
32a.	NPI	OPTIONAL. Enter the NPI of the facility where services were rendered.
32b.		OPTIONAL. No entry required.
33.	BILLING PROVIDER INFO AND PHONE #	REQUIRED. Enter the complete name and address of the billing provider or service provider. The "billing provider" is defined as the provider that is requesting to be paid for the services rendered. NOTE: The ZIP code must match the ZIP code confirmed during NPI verification or during enrollment. To view the ZIP code provided, access imeservices.org .
33a.	NPI	REQUIRED. Enter the ten-digit NPI of the billing provider. A provider that does not meet the definition of "health care provider" and therefore does not meet the criteria to receive an NPI should enter the ten-digit provider number assigned by IME (begins with "X00"). If this number identifies a group or an individual provider other than the provider of service, the rendering provider's NPI must be entered in field 24J for each line. NOTE: The NPI must match the NPI confirmed during NPI verification or during enrollment. To view the NPI provided, access imeservices.org .
33b.		REQUIRED. Enter qualifier "ZZ" followed by the taxonomy code of the billing provider. No spaces or symbols should be used. The taxonomy code must match the taxonomy code confirmed during NPI verification or during enrollment. To view the taxonomy code provided, access imeservices.org .

Iowa Medicaid Program

Claim Attachment Control

Please use this form when submitting a claim electronically which requires an attachment. The attachment can be submitted on paper along with this form. The "Attachment Control Number" submitted on this form must be the same "attachment control number" submitted on the electronic claim. Otherwise the electronic claim and paper attachment cannot be matched up.

Attachment Control Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Provider Name _____

NPI Billing Provider Number

--	--	--	--	--	--	--	--	--	--

Member Name _____

Member State ID Number

--	--	--	--	--	--	--	--

Date of Service ____/____/____

Type of Document

Return this document with attachments to:

IME Claims
P.O. Box 150001
Des Moines, IA 50315

MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 06/12/97

REMITTANCE ADVICE

1. TO: [REDACTED] 2. R.A. NO.: 0000006 3. DATE PAID: 05/19/97 PROVIDER NUMBER: [REDACTED] 4. PAGE: 1 5.

**** PATIENT NAME **** REGIP ID / TRANS-CONTROL-NUMBER / BILLED OTHER PAID BY COPAY MED RCD NUM /
LAST FIRST MI LINE SVC-DATE PROC/MODS UNITS AMT. SOURCES MCAID AMT. PERF. PROV. S EOB EOB

* 6. CLAIM TYPE: HCFA 1500

* 7. CLAIM STATUS: PAID

ORIGINAL CLAIMS:

8.	9.	10.	11.	12.	13.	14.	15.	16.
[REDACTED]	[REDACTED]	4-96331-00-053-0038-00	38.00	0.00	16.06	0.00	860600608B	900 000
17. 01	18. 10/3	19. 99212	20. 1	21. 38.00	22. 0.00	23. 16.06	24. 0.00	25. [REDACTED] 000 000
[REDACTED]	[REDACTED]	4-96348-00-018-0060-00	50.00	0.00	35.26	0.00	860600608B	000 000
	01	11/15/96 J1055	1	41.00	0.00	33.18	0.00	[REDACTED] 26. F 000 000
	02	11/15/96 9C782	1	9.00	0.00	2.08	0.00	[REDACTED] F 000 000


27.

REMITTANCE T O T A L S

PAID ORIGINAL CLAIMS:	NUMBER OF CLAIMS	2	88.00	51.32
PAID ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0	0.00	0.00
DENIED ORIGINAL CLAIMS:	NUMBER OF CLAIMS	0	0.00	0.00
DENIED ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0	0.00	0.00
PENDED CLAIMS (IN PROCESS):	NUMBER OF CLAIMS	0	0.00	0.00
AMOUNT OF CHECK:				51.32

----- THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION OF BENEFIT (EOB) CODES THAT APPEAR ABOVE:

28. 900 THE CLAIM IS IN SUSPENSE. DO NOT RESUBMIT THE CLAIM.

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		Date June 1, 2007

2. Claim Attachment Control, Form 470-3969

If you want to submit electronically a claim that requires an attachment, you must submit the attachment on paper using the following procedure:

- ◆ **Staple** the additional information to form 470-3969, *Claim Attachment Control*. (To view a sample of this form on line, click [here](#).)
- ◆ Complete the "attachment control number" with the same number submitted on the electronic claim. IME will accept up to 20 characters (letters or digits) in this number. If you do not know the attachment control number for the claim, please contact the person in your facility responsible for electronic claims billing.
- ◆ **Do not** attach a paper claim.
- ◆ Mail the *Claim Attachment Control* with attachments to:

Iowa Medicaid Enterprise
 PO Box 150001
 Des Moines, IA 50315


Once IME receives the paper attachment, it will manually be matched up to the electronic claim using the attachment control number and then processed.

H. REMITTANCE ADVICE

1. Remittance Advice Explanation

To simplify your accounts receivable reconciliation and posting functions, you will receive a comprehensive *Remittance Advice* with each Medicaid payment. The *Remittance Advice* is also available on magnetic computer tape for automated account receivable posting. To view a sample of this form on line, click [here](#).

The *Remittance Advice* is separated into categories indicating the status of those claims listed below. Categories of the *Remittance Advice* include paid, denied, and suspended claims.

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- ◆ **Paid** indicates all processed claims, credits and adjustments for which there is full or partial reimbursement.
- ◆ **Denied** represents all processed claims for which no reimbursement is made.
- ◆ **Suspended** reflects claims which are currently in process pending resolution of one or more issues (member eligibility determination, reduction of charges, third party benefit determination, etc.).

Suspended claims may or may not print depending on which option was specified on the Medicaid Provider Application at the time of enrollment. You chose one of the following:

- ◆ Print suspended claims only once.
- ◆ Print all suspended claims until paid or denied.
- ◆ Do not print suspended claims.

Note that claim credits or recoupments (reversed) appear as regular claims with the exception that the transaction control number contains a "1" in the twelfth position and reimbursement appears as a negative amount.

An adjustment to a previously paid claim produces two transactions on the *Remittance Advice*. The first appears as a credit to negate the claim; the second is the replacement or adjusted claim, containing a "2" in the twelfth position of the transaction control number.

If the total of the credit amounts exceeds that of reimbursement made, the resulting difference (amount of credit – the amount of reimbursement) is carried forward and no check is issued. Subsequent reimbursement will be applied to the credit balance, as well, until the credit balance is exhausted.

An example of the *Remittance Advice* and a detailed field-by-field description of each informational line follow. It is important to study these examples to gain a thorough understanding of each element as each *Remittance Advice* contains important information about claims and expected reimbursement.

Regardless of one's understanding of the *Remittance Advice*, it is sometimes necessary to contact the IME with questions. When doing so, keep the *Remittance Advice* handy and refer to the transaction control number of the particular claim. This will result in timely, accurate information about the claim in question.

2. Remittance Advice Field Descriptions



NUMBER	DESCRIPTION
1.	Billing provider's name as specified on the Medicaid Provider Enrollment Application.
2.	<i>Remittance Advice</i> number.
3.	Date claim paid.
4.	Billing provider's Medicaid (Title XIX) number.
5.	<i>Remittance Advice</i> page number.
6.	Type of claim used to bill Medicaid.
7.	Status of following claims: <ul style="list-style-type: none">• Paid. Claims for which reimbursement is being made.• Denied. Claims for which no reimbursement is being made.• Suspended. Claims in process. These claims have not yet been paid or denied.
8.	Member's last and first name.
9.	Member's Medicaid (Title XIX) number.
10.	Transaction control number assigned to each claim by the IME. Please use this number when making claim inquiries.
11.	Total charges submitted by provider.
12.	Total amount applied to this claim from other resources, i.e., other insurance or spenddown.
13.	Total amount of Medicaid reimbursement as allowed for this claim.
14.	Total amount of member copayment deducted from this claim.
15.	Medical record number as assigned by provider; 10 characters are printable.
16.	Explanation of benefits code for informational purposes or to explain why a claim denied. Refer to the end of the <i>Remittance Advice</i> for explanation of the EOB code.
17.	Line item number.
18.	The first date of service for the billed procedure.



NUMBER	DESCRIPTION
19.	The procedure code for the rendered service.
20.	The number of units of rendered service.
21.	Charge submitted by provider for line item.
22.	Amount applied to this line item from other resources, i.e., other insurance, spenddown.
23.	Amount of Medicaid reimbursement as allowed for this line item.
24.	Amount of member copayment deducted for this line item.
25.	Treating provider's Medicaid (Title XIX) number.
26.	Allowed charge source code: B Billed charge F Fee schedule M Manually priced N Provider charge rate P Group therapy Q EPSDT total screen over 17 years R EPSDT total under 18 years S EPSDT partial over 17 years T EPSDT partial under 18 years U Gynecology fee V Obstetrics fee W Child fee
27.	Remittance totals (found at the end of the <i>Remittance Advice</i>): <ul style="list-style-type: none">• Number of paid original claims, the amount billed by the provider, and the amount allowed and reimbursed by Medicaid.• Number of paid adjusted claims, amount billed by provider and amount allowed and reimbursed by Medicaid.• Number of denied original claims and amount billed by provider.• Number of denied adjusted claims and amount billed by provider.• Number of pended claims (in process) and amount billed by provider.• Amount of check.
28.	Description of individual explanation of benefits codes. The EOB code leads, followed by important information and advice.